

# KAPILI LIKE HAWAI'I APPLICATION

Date: \_\_\_\_\_

Applying for:  Apprenticeship  
 Academy Trade Training Course  
 Papakolea  Kapolei

Name: (Last)	Middle Initial		Date of Birth:	__/__/__ -
(First)	Preferred Name:		Social Security #	Male __ Female __

Address:	Contact	Email Address:	
	Cell: ( )		.com
City: State: Zip:	Alternate: ( )		.com

Ethnicity: Please Check All that Apply	African-American _____ Native American _____
Hawaiian _____ Polynesian/Pacific Islander _____	Asian _____ Hispanic _____ Caucasian _____ Other: _____

Referrals: Check All that Apply	Anger Management	Family Therapy
Housing Assistance	Transitional Housing	Medical:
SNAP/FOOD	Substance Abuse	Other:

Number of People in Household: Married <input type="checkbox"/> Y <input type="checkbox"/> N Children <input type="checkbox"/> Y <input type="checkbox"/> N If yes, How Many? _____	Household Income Below \$ 40,000 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Emergency Contact: Name: _____ Phone # ( ) _____ Relationship: _____
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<b>Current Living Status</b>				<b>Education:</b> High School Diploma: ____ Yes ____ No GED ____ Yes ____ No
Living With Family	Living Alone	Living With Friends	Transitional Housing	
Homeless Shelter	Halfway House	Work Release Program	Other:	
Please Specify Other:				

Parole ____ Probation ____ N/A ____	Email:
Officer Contact: Name	Contact Number:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*By Signing Above I Verify that the information provided is FACTUAL & TRUE. I give my permission to verify the information I have provided.

Interview Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Referred By: \_\_\_\_\_

Comments: \_\_\_\_\_

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