

CityBuild Certification Form

Client Information

First Name			Middle Initial		Last Name		
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other	SSN	XXX-XX-	Date of Birth	
Address							
Do you currently live in Public Housing/Section 8?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Public Housing Site			
City			State			Zip Code	
Phone Number			Mobile Number			Email	
Driver License Number			Driver License State		Driver License Class		

Demographics Providing demographic information is optional. It is used for reporting and statistical purposes only.

Former Foster Youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Speaks English	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All				Other Language Spoken		
Race/Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Native American <input type="checkbox"/> Other						
Highest Education Level	<input type="checkbox"/> No High School/GED		<input type="checkbox"/> High School Diploma/GED		<input type="checkbox"/> Some College		<input type="checkbox"/> College Graduate
Total Household Size	#	Dependents under 18		#			
Household Type	<input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Other						

Total Household Income Check one box only that corresponds to your household size and total household income.

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
<input type="checkbox"/> \$0 <25,850	<input type="checkbox"/> \$0<29,550	<input type="checkbox"/> \$0<33,250	<input type="checkbox"/> \$0<36,900	<input type="checkbox"/> \$0 <39,900	<input type="checkbox"/> \$0 <42,850	<input type="checkbox"/> \$0 <45,800	<input type="checkbox"/> \$0 <48,750
<input type="checkbox"/> \$25,851-43,050	<input type="checkbox"/> \$29,551-49,200	<input type="checkbox"/> \$33,251-55,350	<input type="checkbox"/> \$36,901-61,500	<input type="checkbox"/> \$39,801-66,450	<input type="checkbox"/> \$42,851-71,350	<input type="checkbox"/> \$45,801-76,300	<input type="checkbox"/> \$48,751-81,200
<input type="checkbox"/> \$43,051-68,950	<input type="checkbox"/> \$49,201-48,800	<input type="checkbox"/> \$55,351-88,650	<input type="checkbox"/> \$61,501-98,500	<input type="checkbox"/> \$66,451-106,400	<input type="checkbox"/> \$71,350-114,300	<input type="checkbox"/> \$76,301-122,150	<input type="checkbox"/> \$81,201-130,050
<input type="checkbox"/> \$68,951 or greater	<input type="checkbox"/> \$78,801 or greater	<input type="checkbox"/> \$88,651 or greater	<input type="checkbox"/> \$98,501 or greater	<input type="checkbox"/> \$106,401 or greater	<input type="checkbox"/> \$114,301 or greater	<input type="checkbox"/> \$122,150 or greater	<input type="checkbox"/> \$130,051 or greater

I receive:	General Assistance <input type="checkbox"/>	Social Security <input type="checkbox"/>	TANF/CalWORKs <input type="checkbox"/>
	Unemployment Insurance <input type="checkbox"/>	Food Stamps <input type="checkbox"/>	Medi-Cal <input type="checkbox"/>
I am/ I have/ In need of:	Vocational Rehabilitation <input type="checkbox"/>	PAES <input type="checkbox"/>	
	At-Risk of Homelessness <input type="checkbox"/>	Homeless <input type="checkbox"/>	Emergency Housing <input type="checkbox"/>
	Previously Homeless <input type="checkbox"/>	On Probation <input type="checkbox"/>	Ex-Offender <input type="checkbox"/>
	Resolving Child Support Issues <input type="checkbox"/>	Expungement <input type="checkbox"/>	Childcare <input type="checkbox"/>
		On Parole <input type="checkbox"/>	
		Felony Conviction <input type="checkbox"/>	
		Unemployed <input type="checkbox"/>	

Employment Information

Trade			Local #		Level	<input type="checkbox"/> Journey <input type="checkbox"/> Apprentice <input type="checkbox"/> Pre-Apprentice	
Union Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you seeking sponsorship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Trade?	If Apprentice, your level?		
Union Dues Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Back Dues Owed	\$				
Previous Employers (past 3 years)							
Primary mode of transportation	<input type="checkbox"/> Car <input type="checkbox"/> Bike <input type="checkbox"/> Bus			Are you willing to commute out of SF?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you suffer from any long-standing illness, disability or infirmity that may limit your job-ability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain				
Legally eligible to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to pass drug test?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
CBA Graduate	<input type="checkbox"/>	CBA Cycle		Other Training Program Graduate			

Application Continued on Reverse 



Current Certifications:

<input type="checkbox"/>	Acoustical Ceilings	<input type="checkbox"/>	Aerial Lift Safety	<input type="checkbox"/>	Asbestos Abatement	<input type="checkbox"/>	Asbestos Awareness
<input type="checkbox"/>	ATS	<input type="checkbox"/>	Backhoe Operator	<input type="checkbox"/>	BATC	<input type="checkbox"/>	Blueprint Reading
<input type="checkbox"/>	Boom Lift	<input type="checkbox"/>	Bridge Builder	<input type="checkbox"/>	C-33	<input type="checkbox"/>	Commercial Hardware
<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	Concrete Formwork	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	Confined Space Awareness
<input type="checkbox"/>	CPR	<input type="checkbox"/>	Decking	<input type="checkbox"/>	Elevator Lift Operator	<input type="checkbox"/>	EPA Lead
<input type="checkbox"/>	Excavator Operator	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	Fall Protection Safety Awareness	<input type="checkbox"/>	Firestop Installation
<input type="checkbox"/>	Firewatch	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Flagging/Traffic Control	<input type="checkbox"/>	Forklift
<input type="checkbox"/>	GPS Grade Setter/Checker	<input type="checkbox"/>	Gradall Equipment Operator	<input type="checkbox"/>	Green Building Awareness	<input type="checkbox"/>	Hazardous Waste
<input type="checkbox"/>	HazMat	<input type="checkbox"/>	HAZWOPER	<input type="checkbox"/>	Heavy Equipment Operator	<input type="checkbox"/>	Hilti
<input type="checkbox"/>	Hoist Operator	<input type="checkbox"/>	Jackhammer	<input type="checkbox"/>	JLG Lifts	<input type="checkbox"/>	Lead Abatement
<input type="checkbox"/>	Lead Awareness	<input type="checkbox"/>	Loader Operator	<input type="checkbox"/>	Manlift Operator	<input type="checkbox"/>	Medical Gas Installer
<input type="checkbox"/>	Mold Remediation	<input type="checkbox"/>	MSDS (Material Safety Data Sheets)	<input type="checkbox"/>	MSHA 30 (Mine Safety and Health Admin)	<input type="checkbox"/>	OSHA 10
<input type="checkbox"/>	OSHA 30	<input type="checkbox"/>	Rigging	<input type="checkbox"/>	Scaffold Erection	<input type="checkbox"/>	Scaffold User Safety Awareness
<input type="checkbox"/>	Scissor Lift	<input type="checkbox"/>	SFMTA Track Safety	<input type="checkbox"/>	Skid Steer	<input type="checkbox"/>	Steel Framing
<input type="checkbox"/>	Tower Crane Operator	<input type="checkbox"/>	TWIC	<input type="checkbox"/>	Welding - 232	<input type="checkbox"/>	Welding - 233
<input type="checkbox"/>	Welding - 3G	<input type="checkbox"/>	Welding - 4G (FCAW)	<input type="checkbox"/>	Welding - 5G	<input type="checkbox"/>	Welding - 6018
<input type="checkbox"/>	Welding - 6G	<input type="checkbox"/>	Welding - Metal Inert Gas (MIG)	<input type="checkbox"/>	Welding - Plug Weld	<input type="checkbox"/>	Welding - SMAW (Shielding Metal Arc Welding)
<input type="checkbox"/>	Welding - Stick Weld 7018	<input type="checkbox"/>	Welding - Torch Cutting	Other Certifications/ Specialized Skills			

I hereby certify that, to the best of my knowledge, the above and previous statements are true and correct. I authorized the Office of Economic and Workforce Development's CityBuild Program to verify the details of my information. I understand this information is subject to verification. Furthermore, I have read and understand the Certification Disclaimer and Service Policy below.

Applicant Name: _____ **Signature:** _____ **Date:** _____

Certification Disclaimer: Information obtained will not preclude you from employment, training programs, or other services.

Service Policy:

1. Clients can remain active on CityBuild Referral List by visiting the Weekly Monday Drop-In Hours a minimum of once per month.
2. Clients cannot be referred to a job until CityBuild has completed the application for service on file including the submittal of all required documents.

DECLARATION OF DOMICILE

This is my declaration of domicile in the City of County of San Francisco in accordance and in conformity with California Elections Code Section 349(b) and San Francisco Administrative Code Chapter 6.22(G)(2)(j), San Francisco Local Hiring Policy for Construction:

(b) The domicile of a person is that place in which his or her habitation is fixed, wherein the person has the intention of remaining, and to which, whenever he or she is absent, the person has the intention of returning. At a given time, a person may have only one domicile.

I am a bona fide resident of the City and County of San Francisco and have been since: ____/____/____

I reside at: _____, San Francisco _____

Signature: _____

Print Name: _____

With my signature, I hereby certify that the above statements are true and correct. I understand this information is subject to verification. If I knowingly provide false information, I understand that I will no longer be eligible for the CityBuild Referral Program.

