



IN PARTNERSHIP WITH



# Assessment Form

TODAY'S DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This assessment will be used to determine eligibility for apprenticeship programs. This is not an application for employment. Please print legibly and complete all sections of the assessment. **Fill out this form or send a scan or photo of your completed assessment to [GetStarted@HIRE360Chicago.com](mailto:GetStarted@HIRE360Chicago.com) to be connected to a partner who will help you seek out an apprenticeship!**

## CANDIDATE INFORMATION

FIRST NAME		MI		LAST NAME		BIRTHDATE	____/____/____
ADDRESS							
CITY				STATE		ZIP	
PHONE				EMAIL			
RACE (CHOOSE ONE)	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Two or More Races						
GENDER (CHOOSE ONE)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other						

## ELIGIBILITY INFORMATION

Are you legally eligible to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you hold a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Can you pass a drug test? <input type="checkbox"/> YES <input type="checkbox"/> NO

## TRADES INTEREST (Choose all of the trades you are interested in)

<input type="checkbox"/> Auto Mechanics	<input type="checkbox"/> Boilermakers	<input type="checkbox"/> Bricklayers	<input type="checkbox"/> Carpenters	<input type="checkbox"/> Electricians
<input type="checkbox"/> Heat & Frost Insulators	<input type="checkbox"/> Iron Workers	<input type="checkbox"/> Laborers	<input type="checkbox"/> Operating Engineers	<input type="checkbox"/> Painters
<input type="checkbox"/> Pipefitters	<input type="checkbox"/> Plumbers	<input type="checkbox"/> Roofers	<input type="checkbox"/> Sheet Metal Workers	<input type="checkbox"/> Sprinkler Fitters
<input type="checkbox"/> Other (please list): _____				

## ADDITIONAL INFORMATION

What is the highest level of education you've completed? <input type="checkbox"/> Less than 10 <sup>th</sup> Grade <input type="checkbox"/> 10 <sup>th</sup> /11 <sup>th</sup> Grade <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree or above
How much construction experience do you have? <input type="checkbox"/> None <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year or more Can you provide paystubs or W2s to document this? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Do you have access to a car? <input type="checkbox"/> NO <input type="checkbox"/> YES—I own a car <input type="checkbox"/> YES—through a family or friend
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many hours per week do you work? _____
Do you have other relevant experience? <input type="checkbox"/> Trades courses <input type="checkbox"/> Veteran <input type="checkbox"/> CDL <input type="checkbox"/> Forklift license <input type="checkbox"/> CAD Experience <input type="checkbox"/> OSHA 10 or 30 Hour <input type="checkbox"/> Welding Certification <input type="checkbox"/> Other (please list): _____
Have you been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list conviction: _____
List any apprenticeship or related training program you've enrolled in or applied to:   

## REFERRAL INFORMATION

Who referred you to our program?			
OFFICE USE ONLY	Data? _____	Referral? _____	Return? _____