

CHARITABLE TREASURES WORKSHOP

APPLICATION FOR APPRENTICESHIP

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION (please print, in ink)

NAME: _____ DATE: _____

ADDRESS: _____

PHONE NUMBER: _____ BIRTHDATE: _____

CURRENT INFORMATION

Are you currently employed? (circle response) YES NO

If you circled YES, please tell us where you work and what days: _____

Are you currently a student in public or private school? YES NO

What agency or groups are you currently involved or registered with (circle): The Resource Exchange
Carmel Industries Aspen Diversified Industries Goodwill Salvation Army Cheyenne Village
Pikes Peak Workforce Independence Center Division of Vocational Rehabilitation other

If you circled YES, please tell us what school you attend: _____

Estimated date of graduation: _____ May we contact your school for information? YES NO

ADDITIONAL INFORMATION

Charitable Treasures Workshop seeks to train apprentices who are disabled due to a variety of causes. In serving our apprentices, we need to understand how they learn best, what their strengths and weaknesses are, and what accommodations we need to make in our program. Any information you provide will be kept in strictest confidence and only used for the purposes described above. This information is subject to all applicable privacy laws.

My disability is: _____

I have a DSM coded disability: YES NO DSM Code (if known): _____

My strengths are: _____

My weaknesses are: _____

I take the following medications: _____

My behavior is [describe]: _____

I may need help with [describe]: _____

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that the decision to hire or not to hire me as an apprentice rests with the Charitable Treasures Workshop. I have read and understand the information contained in the Charitable Treasures Informational Handbook. I give permission for Charitable Treasures Workshop, for public relations purposes, to have the public view my work, view me working, and to use my image and/or statements. I authorize investigation of all statements contained herein and the references and school personnel listed above to give any and all information concerning previous employment or educational information they have, personal or otherwise, and release Charitable Treasures Workshop from all liability for any damage that may result from utilization of such information. I also understand and agree that my selection for apprenticeship is subject to the rules and procedures found in the Charitable Treasures Informational Handbook and that if I am hired, my employment will be documented and signed by myself, my legal guardian or parent (s), and a certified representative of Charitable Treasures Workshop. I further understand that this waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____ Signature of Applicant: _____

Signature of Legal Guardian or Parent if applicable: _____

*****DO NOT WRITE BELOW THIS LINE*****

REMARKS: _____

Hired: YES NO

Application will be kept on file for future consideration: YES NO

Officer of Charitable Treasures Workshop: signature/date _____