

# 30-DAY AUTOMOTIVE AND INDUSTRIAL BOOT CAMP PARTICIPANT APPLICATION FORM



Our 30-Day Boot Camp program follows a Lifeline for Success approach, placing an emphasis on training, employment, mentorship, and achieving success. Participants will gain the tools and back up they need to be successful and prosperous members of the community- while being prepared for long-term employment in the Automotive and Industrial industries.

**Who May Apply: (COMPLETE APPLICATIONS SHOULD BE EMAILED TO [admin@teamupacademy.org](mailto:admin@teamupacademy.org))**

- Men and Women 18 years or older that,
  - Are high school graduates.
  - Have some interest in learning about the Automotive or Industrial Industries.
  - Can commit to a full 30-day Boot Camp (Mon-Fri 8am-5pm).

**PART 1 – YOUR DETAILS** (details of the participant)

<b>First Name</b>		<b>Middle Name</b>					
<b>Last Name</b>			<b>Preferred Pronouns?</b>				
<b>Date of Birth (MM/DD/YY)</b>		<b>Sex</b>	M _____ F _____ Prefer Not To Say _____				
<b>What is Your Race or Ethnicity?</b>							
<b>Address</b>							
		<b>Postcode</b>					
<b>Telephone</b>		<b>Mobile</b>					
<b>Email</b>							
<b>Do you have any previous experience in the Automotive or Industrial Industries?</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><b>YES</b></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>NO</b></td> <td style="width: 25%;"></td> </tr> </table>	<b>YES</b>		<b>NO</b>	
<b>YES</b>		<b>NO</b>					
<b>If YES, what is the name of the company?</b>							
<b>Are you applying as part of a school, college, community group, or similar?</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><b>YES</b></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>NO</b></td> <td style="width: 25%;"></td> </tr> </table>	<b>YES</b>		<b>NO</b>	
<b>YES</b>		<b>NO</b>					
<b>If YES, what is the name of the school, college or community group?</b>							
<b>Have you been in the military, or are you a veteran?</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><b>YES</b></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>NO</b></td> <td style="width: 25%;"></td> </tr> </table>	<b>YES</b>		<b>NO</b>	
<b>YES</b>		<b>NO</b>					
<b>Do you have reliable transportation?</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><b>YES</b></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>NO</b></td> <td style="width: 25%;"></td> </tr> </table>	<b>YES</b>		<b>NO</b>	
<b>YES</b>		<b>NO</b>					
<b>Have you had contact with the criminal justice system?</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><b>YES</b></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>NO</b></td> <td style="width: 25%;"></td> </tr> </table>	<b>YES</b>		<b>NO</b>	
<b>YES</b>		<b>NO</b>					
<b>If yes, Please tell us about it in detail</b>							
<b>Do you have a disability?</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><b>YES</b></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><b>NO</b></td> <td style="width: 25%;"></td> </tr> </table>	<b>YES</b>		<b>NO</b>	
<b>YES</b>		<b>NO</b>					
<b>If yes, Please tell us about your disability or impairment and how it affects you (to help us to understand how to support you)</b>							

**Do you have any conditions that may need special attention during the 30-Day Boot Camp?**

Is there anything else about your disability or impairment that we should be aware of, to help us to improve your learning/training experience?

**PART 2 – EDUCATION AND EMPLOYMENT**

**Are you currently in school? (Place a x next to ONE)**

- In School, High School
- In Post-Secondary School (vocational school, college etc.)
- Not In School, High School Graduate or Equivalent
- Not In School, Dropped Out

**What is your highest degree or level? (Place a x next to ONE)**

- No School Completed
- Grade (Write 1 through 11)
- 12<sup>th</sup> Grade- No Diploma
- Diploma or equivalent
- Post-Secondary Technical or Vocational Certificate
- Some College, No Degree
- Associate degree (AA, AS)
- Bachelor’s Degree (BA, BS)
- Degree Beyond Bachelor’s (MA, MS, PhD)

**What is your current employment status (Place a x next to ONE)**

- Working Full Time
- Working Part Time (less than 32 hours)
- Not Working
- Never Worked
- Other (such as working as a contractor or temporary employee)

**PART 3– SPECIFIC INFORMATION ABOUT YOU**

**Please tell us why you are interested in the 30-Day Boot Camp and how you believe it will benefit you.**


**PART 4– REFERENCEES**

**Please list three professional references not related to you, with full name, phone number, and relationship**

Name	Number	Relationship	Years Known

**PART 5– DECLARATION**

- I wish to apply to Team Up Academy’s 30-Day Boot Camp as a participant and confirm that all details given on this application are true and accurate, to the best of my knowledge.
- I agree that should Team Up Academy require additional information on my medical condition at any time, I will provide what is needed and will be willing to obtain a medical report from a medical professional, if necessary, who is familiar with my condition/s. I understand that I may be required to pay a fee for such a report.
- I confirm that I will notify Team UP Academy immediately if any of the details or information provided on this application should change in any way.
- I recognize that the 30-Day Boot Camp activities involve risk, and that I, the participant, must take all reasonable precautions and follow all safety advice properly given, at all times.

<b>PHOTOGRAPHS/ VIDEOS</b> 	I give my consent to photographs or videos of me being taken during 30-Day Boot Camp activities for training and/or publicity (including, but not limited to, websites, social media, newsletters, and marketing materials for Team Up Academy). I give this consent understanding that these images will <u>not</u> be given to a third party without my explicit consent.	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>SIGNATURE</b>	.....  <b>PARTICIPANT SIGNATURE</b>	<b>DATE</b>			
<b>Emergency Contact Details</b>	It is important that we know who to contact in case you are injured or become unwell. By placing an X in this box, I confirm that I have the consent of the person below, to be contacted in an emergency during the course of Team Up Academy’s 30-Day Boot Camp activities				
<b>Emergency Contact Name &amp; Relationship to Applicant</b>		<b>Emergency Contact Number</b>			

<b>TEAM UP ACADEMY GROUP USE ONLY:</b>	<b>DATE APPLICATION RECEIVED:</b> _____
<b>APPLICATION</b>	<b>APPROVED / DECLINED</b> (delete as applicable)
<b>APPLICATION SUBJECT TO TRIAL PERIOD?</b>	<b>Y / N</b> <b>If yes, trial end date:</b> _____
<b>APPLICATION REVIEW DUE DATE (MUST BE AT LEAST EVERY 3 YEARS):</b> _____	

# BACKGROUND AUTHORIZATION REQUEST

THE FIRST THREE LINES HAVE BEEN FILLED IN FOR YOU.

I. Requestor Information		
Team Up Academy		Date:
Agency: <b>Team Up Academy</b>	Division: <b>30 DAY BOOT CAMP</b>	Email Address: <b>ADMIN@TEAMUPACADEMY.ORG</b>
II. Applicant Information		
Position: <b>PARTICIPANT</b>	Type of Employment: <input type="checkbox"/> Temporary Employee <input checked="" type="checkbox"/> Permanent Employee <input type="checkbox"/> Contractor/Vendor	
Name of Applicant (Last, First, Middle)		
Home Address		
City:	State	ZIP Code
Social Security Number (Optional)		Date of Birth
Driver's License Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other		
III. Authorization		
<p>By signing this authorization, the applicant grants permission to Team Up Academy to conduct a background check. I am aware that any falsification made in line with this authorization and my participant application shall become a bar for acceptance into the program.</p> <p>I authorize that any information acquired by Team Up Academy shall solely be used for this application, and the information obtained through the background check will only be used to determine whether the results bear the trustworthiness of the application.</p>		

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_