

## OPPORTUNITY IS KNOCKING

Young adults ages 18 – 26 are invited to apply to the City of Antioch’s Mayor’s Apprenticeship Program. Priority is given to participants who may have been justice involved, were/are in foster care, or have barriers to employment. In partnership with Rubicon Programs, participants will receive:

- 60 hours of paid workforce development training and ongoing professional development.
- Paid part-time position in the Public Works Department of the City of Antioch.
- Work experience in an environment that encourages and supports individual success.

For further information, you can reach us at [youth@antiochca.gov](mailto:youth@antiochca.gov) or by phone at 925-779-7082. Thank you for your interest in applying!

**APPLICATION DEADLINE**  
**Friday, January 6, 2023**

## MAYOR'S APPRENTICESHIP PROGRAM

# APPLICATION

*Are you looking for career training or a job? Are you between the ages of 18 - 24? If so, the Mayor's Apprenticeship Program (MAP) may be right for YOU!*

Full Name :

E-Mail :

Address :

Phone Number :

Gender Identity:  Male  Female  Transgender  Genderqueer/Non-Binary  Decline to answer

Date of Birth :

Race :  White  Asian  
 Black/African American  Hispanic/Latinx  
 Native Hawaiian or other Pacific  Other  
 American Indian or Alaska Native  Decline to answer

Current Living Situation:

In my own residence  In a group home  No permanent residence  
 With my birth parent(s)  With relatives (not foster care)  With relatives (foster care)  
 With my adoptive parents  At a shelter or emergency housing  
 With a friend  With my partner/spouse

Do you have a disability? If yes, check all that apply:

Physical/Mobility  Visual  
 Auditory  Learning Disability  
 Chronic Health Condition  Other: \_\_\_\_\_

**Areas of Interest.** Please rank the top 5 potential work areas in order of interest with #1 being the most area of interest and #5 being the least area of interest.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Water Treatment       | <input type="checkbox"/> Park Maintenance    | <input type="checkbox"/> Administration (office work)                                 |
| <input type="checkbox"/> Water Distribution    | <input type="checkbox"/> Marina              | <input type="checkbox"/> GIS ( using computers to show water lines, sewer lines, etc. |
| <input type="checkbox"/> Street Maintenance    | <input type="checkbox"/> Facilities          |   |
| <input type="checkbox"/> Landscape Maintenance | <input type="checkbox"/> Vehicle Maintenance |   |

Educational Information: What is the highest education level you have completed?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Elementary School   | <input type="checkbox"/> Some College              | <input type="checkbox"/> Bachelor's/4-year Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Vocational School         |   |
| <input type="checkbox"/> GED                 | <input type="checkbox"/> Associate's/2-year Degree |   |

Are you currently enrolled in school?

- Yes, high school.  
 Yes, college or technical/vocational school.  
 No

Are you currently employed?

- Yes, part-time     Yes, full-time  
 No  
 If unemployed, when was the approximate last date of employment? \_\_\_\_\_

Are any of these challenges when looking for employment?

- |   |  |
|---|--|
| <input type="checkbox"/> Documents (ID, SSN, I9, etc. ) | <input type="checkbox"/> Certificate or skills |
| <input type="checkbox"/> No employment experience       | <input type="checkbox"/> Transportation        |
| <input type="checkbox"/> Childcare                      | <input type="checkbox"/> Unstable Housing      |
| <input type="checkbox"/> Charges/convictions            | <input type="checkbox"/> Family Support        |
| <input type="checkbox"/> Diploma/GED                    | <input type="checkbox"/> Other: _____          |

Do you need support in gaining access to resources for any of the following?

- |                                    |   |                                       |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Housing   | <input type="checkbox"/> Medical Services       | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Food      | <input type="checkbox"/> Mental Health Services |                                       |
| <input type="checkbox"/> Clothing  | <input type="checkbox"/> Transportation         |                                       |
| <input type="checkbox"/> Safety    | <input type="checkbox"/> Family Support         |                                       |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal                  |                                       |

Do you currently have health insurance?

- Yes, who is your provider? \_\_\_\_\_  
 No  
 Decline to answer

**Emergency Contact 1**

Full Name  Relationship to you:   
 Cell Phone   
 Email

**Emergency Contact 2**

Full Name  Relationship to you:   
 Cell Phone   
 Email

**Emergency Contact 3**

Full Name  Relationship to you:   
 Cell Phone   
 Email



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I hereby authorize the City of Antioch, its affiliates, and their respective employees, agents, volunteers, and/or contractors ("City") to photograph or otherwise record my likeness or that of the below-named individual under 18 years of age. I further grant the City the irrevocable, perpetual and unrestricted right and permission to, use, re-use, publish, and republish my likeness in photographs, pictures, videos or other medium in any and all of its publications, including, without limitation, web-based publications and social media and such other medium as the City may desire. I understand and agree that all photos, videos, or other medium featuring my likeness will become City property, and will not be returned.

I hereby irrevocably authorize the City to edit, alter, copy, exhibit, publish, or distribute these photos, videos, or other medium for any lawful purpose. I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photos, videos, or other medium. I further irrevocably authorize the use of my likeness in conjunction with my own or a fictitious name, and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, public-service advertisements to promote the City, or any other lawful purpose.

I hereby release, discharge, and agree to hold harmless the City from any liability related to this release, including, without limitation, any claims for defamation or violation of any right of publicity or privacy. This release constitutes a waiver of any and all rights under California Civil Code section 3344, and any related statutes.

I hereby warrant that I am at least 18 years of age and have the right to contract in my own name, or, if I am under 18 years of age, I have obtained the required consent of my Parents/Guardians as evidenced by their signatures below. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents of this document. This document shall be binding upon me and my heirs, legal representatives, and assigns.

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

Address: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME



Tell us about an accomplishment or achievement you are most proud of. Please be descriptive.

What do you love about yourself? Why? Please be descriptive.

Why do you want to be a part of the Mayor's Apprenticeship Program (MAP)? Please be descriptive.