



Name: _____ **Male** **Female**

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Social Security #: _____ **Date of Birth:** _____

Ethnicity: _____ **Church Affiliation (if any):** _____

Are you a United States Citizen? Yes No
 If not, can you provide residency papers? Yes No

Will you be able to provide the following forms?

- | | | |
|----------------------------|------------------------------|-----------------------------|
| 1. Birth Certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. US Social Security Card | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Driver's License | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| or Non-Driver ID | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please list any physical handicaps or other special needs. _____

Educational Background Information:

Circle the highest grade achieved 4 5 6 7 8 9 10 11 12/GED Vocational Training College

Name of High School _____ City/State _____

Enrolled from Year _____ to Year _____ Graduated? Yes No

If you have received education training beyond High School or GED level, complete the following:

What is the name of the college or vocational training facility you attended (use additional sheets if necessary)?

Training Facility/ College Name

City, State

Enrolled from _____ To _____

Did you receive a certificate or diploma from this college or training facility? Yes No

If yes, what training/degree did you receive? _____

Previous Work Experience:

List your last four employers, starting with your most recent or current employer. Include military and volunteer experience. Be as complete as possible.

Business Name: _____

Address: _____

Phone: _____

Start Date: _____ End Date: _____

What is/was your job title? _____

What are/were your duties? _____

Who is/was your supervisor? _____

If you are no longer employed here, why did you leave? _____

Business Name: _____

Address: _____

Phone: _____

Start Date: _____ End Date: _____

What was your job title? _____

What were your duties? _____

Who was your supervisor? _____

Why did you leave? _____

Business Name: _____

Address: _____

Phone: _____

Start Date: _____ End Date: _____

What was your job title? _____

What were your duties? _____

Who was your supervisor? _____

Why did you leave? _____

Business Name: _____

Address: _____

Phone: _____

Start Date: _____ End Date: _____

What was your job title? _____

What were your duties? _____

Who was your supervisor? _____

Why did you leave? _____

Security:

Have you ever been convicted of a felony and/or served time in the past? Yes No

If yes, please describe below. *Note: Providing this information will not disqualify a person from becoming a Jobs For Life participant.*

Incident	Year	City, State	Charge & Release Date

Are you willing to take a drug test? Yes No

(answering "No" will not disqualify a person from becoming a Jobs for Life participant.)

Current Employment Status:

Check all that apply:

Unemployed Full-time job Part-time job Public welfare recipient

If employed, name of employer: _____ Current wage: _____(optional)

Current Marital/ Family/Housing Status:

Married Single Divorced Separated Widowed

Do you have children? Yes No If yes, how many? _____

Housing Arrangements: Rent Apartment Rent House Own Home Homeless Other

If other, please explain _____.

Jobs For Life™ Training Information:

Will you need child care during your Jobs for Life training? Yes No

Will you need transportation during your Jobs for Life training? Yes No

What is your reason for taking Jobs for Life training? _____

What is your present job objective? _____

Other hobbies and interests: _____

JfL Applicant Signature

Date

This page for referring church/organization/individual use only (if no referral, leave blank):

Church/Organization/Individual Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone/Fax: _____ Email: _____

Pastor/Director's Name: _____ Email: _____

Evaluation Checklist:

Name of person completing evaluation: _____ Phone: _____

Position at referring organization: _____ Email: _____

Relationship to applicant: _____ How long have you known this applicant? _____

In your opinion, how serious is this applicant about completing the training and establishing a career?

How do you assess the applicant's character and moral integrity? _____

Will additional training benefit the applicant? Adult Literacy GED Computer Skills Other

Please describe: _____

What other needs does the applicant have (e.g. substance abuse counseling, health problems, English language training, etc.)? _____

Do you recommend this applicant for program participation? _____

If so, why? _____

Jobs for Life Lead Champion:

Champion's Name (if assigned): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Fax: _____

Signature

Date

(REVISED 12_2005)

