



# JOBS for LIFE

## Student Applicant Background Information

### Please Print Legibly

Name \_\_\_\_\_ Male Female (circle one)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Church You Attend (if any) \_\_\_\_\_

**Are you a United States Citizen?** Yes No (circle one)

If not, can you provide residency papers? Yes No (circle one)

Will you be able to provide the following forms?

1. Birth Certificate Yes No (circle one)

2. US Social Security Card Yes No (circle one)

3. Driver's License Yes No (circle one) OR Non-Driver ID Yes No (circle one)

Please list any physical handicaps or other special needs \_\_\_\_\_

\_\_\_\_\_

### Educational Information

Circle the highest grade completed: 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 (circle one)

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

Name of College or Vocational Training facility you attended:

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Enrolled from Year \_\_\_\_\_ to Year \_\_\_\_\_

Did you receive a certificate / diploma from this college or training facility? Y N (circle one)

If yes, what degree or training 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.

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**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? \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

## Security

Have you ever been convicted of a felony and / or served time in the past? Yes No (circle one)  
 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 (circle one) Answer will not disqualify you from JfL participation.

### 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 (circle one) If Yes, how many? \_\_\_\_\_  
 Housing: Rent Apt. \_\_\_\_ Rent House \_\_\_\_ Own Home \_\_\_\_ Homeless \_\_\_\_  
 Other (explain): \_\_\_\_\_

### Jobs for Life Training Information

Will you need child care during your JfL Training sessions? Yes No (circle one)  
 If Yes, please print the Name and Age of each child:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 What is your reason for taking Jobs for Life Training? \_\_\_\_\_  
 \_\_\_\_\_  
 What is your present job objective? \_\_\_\_\_  
 \_\_\_\_\_  
 Other Hobbies and Interests \_\_\_\_\_  
 \_\_\_\_\_

JfL Student Applicant Signature

Date