For Office Use Only						
Interviewed by: _		Today's Date	_			
Accepted:	Not Accepted:	_ Class Days				
Covenant	Media Release	ID				
Demographic Information Covenant and Media Release						
Skills Test	Level					

CHRISTIAN WOMEN'S JOB CORPS

Participant Application

Thank you for your interest in wanting to further your education at CWJC. Please complete this application in its entirety so that we may know how to best assist you.

Information:

How did you hear about CWJC? ____Friend; ____ Family; ___Newspaper; ___TV; ___Flyer; ___Job Resource/ employment agency; ____Church; _____ Billboard; _____ Sign; Other resource______ Are you seeking employment? ______

 Do you prefer daytime classes?

 Yes

 No

 Do you prefer evening classes?

 Yes

 No

 Were you referred by another agency? If so, which one ______
 Yes

 No

Personal Information (please print clearly):

Name:			
(Last)	(First)	(Middle)
Mailing Address:		City:	
State: Z Cell Phone: Z	ip Code:	Home Phone:	
Cell Phone:	E-Mail:		
What is your nationality?			
Do you go to church? Yes			
Are you:SingleSeparated/div	orced Married	Widowed	
Please list every person that lives in the ho	ouse where you live. If the	ere are more people in your h	ouse, please list them on the back.
Name	Age	Relationship to you	
Emergency Contact Information:			
In case of an emergency, please conta	ct:		
Name:		Relationship:	
Daytime Phone:	Evening Phone:		
What food allergies do you have?			_

Education:

Please check the highest level completed:			
Middle School High School/GED	Associate	_Undergraduate	Graduate
Highest grade completed in school	_ Year completed		
Do you have your GED? Yes No			
Any certifications?		Date(s)	
What training programs or college have you atter		Date(s)	

Job Experience:

Are you looking for employment?YesNo; When and where?	
Are you able to work part time?YesNo; Are you able to work full time?	Yes No
Do you have computer experience? Yes No Basic or more advanced (c	ircle one)
Please list the last 3 jobs you've held:	Dates worked

Income Support:

Do you currently work? If so, where?	 Yes	 No
Do you or your husband/partner receive SSI?	 Yes	 No
Is your husband/partner employed?	 Yes	 No
Do you receive financial help from family?		
Do you receive disability income?	 Yes	 No
Do you receive food stamps?	 Yes	 No
Do you receive child support?	 Yes	 No
Are you a ward of the state?	 Yes	 No
Any other source of income?	 Yes	 No

Background Information (note that this information will not keep you from being enrolled at CWJC):

Have you ever pled guilty to, been convicted of, o	r received p	probation, def	erred adjudication or	pretrial diversion for	any criminal
offense, other than minor traffic citations?	Yes	No. If "yes,"	provide information	on criminal offense, o	date, location,
and disposition:					

Are you currently serving probation, deferred adjudication, or pretrial diversion for any criminal offense? _____ Yes _____ No. If so, please explain: ______

Church Affiliation:

Do you go to church?	Yes	No.	Where?		(
Would you like assistan	ce in findin	g a chι	urch?	Yes	No.	Where	?

Are there any circumstances in your life that would keep you from completing classes for 12 weeks? If so, what would the circumstances be?

In the space below, **describe three goals** you have for yourself over the next 12 months:

_

Participant Verification:

I certify that **all** information on this application submitted to CWJC is true, correct, and complete. I understand that false, misleading, incomplete or omitted information will result in rejection of my application/classes. I will be required to follow the policies and rules of CWJC and that infractions of such rules may lead to the termination of my classes. I also give my permission for CWJC to conduct a background check on me. I understand that CWJC is not liable for injuries/reactions that might occur.

Signature of Participant

Date

Participant Needs Assessment (During Intake)

Name:			Date:	
Indicate	e which of these classes you wo	uld consider taking.		
	Health & Nutrition	Time Management	Career Skills	
	 Decision Making	Keyboarding	Intro to Computers	
			Money	
	Crafting Classes _	Celebrate Recovery	Management/Finance	
	Communication _	Job Interviewing	Anger/Stress Management	
	Individual Helps	ESL (English as 2 nd		
	Toward Goals	Language	Community Resource Helps	
	Goal Setting _	Parenting	Dress for Success	
	Medical Management	Teen Pregnancy	Substance Abuse	
	Domestic Violence			
	lssues _	Avoiding Abuse	Making Marriage Work	
	GED _	Free Counseling	Exercising/Workouts	
	Other Classes			
		Case Worker Helps	Help in Filling Out Forms	
	Other Classes	Other Classes		
			Boundaries	
	one goal you would like to me	et while you are at CWJC?		
What is	s your employment plan?			-
What g	oal(s) are you working towards	regarding employment?		-
Weapo <u>Job Cor</u>		eapon? Yes No. <u><i>No</i></u>	weapons are allowed on the property of Chri	<u>stian Women's</u>
Need:	What is your greatest need ove	rall?		