

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: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ E-Mail: _____

What is your nationality? _____

Do you go to church? ___ Yes ___ No

Are you: ___Single ___Separated/divorced ___ Married ___Widowed

Please list every person that lives in the house where you live. If there are more people in your house, please list them on the back.

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information:

In case of an emergency, please contact:

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____

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 attended? _____ Date(s) _____

Job Experience:

Are you looking for employment? ____ Yes ____ No; When and where? _____

Are you able to work part time? ____ Yes ____ No; Are you able to work full time? ____ Yes ____ No

Do you have computer experience? ____ Yes ____ No Basic or more advanced (circle 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? _____ Yes ____ No

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, or received probation, deferred adjudication or pretrial diversion for any criminal offense, other than minor traffic citations? ____ Yes ____ No. If "yes," provide information on criminal offense, 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 assistance in finding a church? ____ 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:

1. _____

2. _____

3. _____

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 which of these classes you would consider taking.

- | | | |
|---------------------------------------------|------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Health & Nutrition | <input type="checkbox"/> Time Management | <input type="checkbox"/> Career Skills |
| <input type="checkbox"/> Decision Making | <input type="checkbox"/> Keyboarding | <input type="checkbox"/> Intro to Computers |
| <input type="checkbox"/> Crafting Classes | <input type="checkbox"/> Celebrate Recovery | <input type="checkbox"/> Money |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Job Interviewing | <input type="checkbox"/> Management/Finance |
| <input type="checkbox"/> Individual Helps | <input type="checkbox"/> ESL (English as 2 nd) | <input type="checkbox"/> Anger/Stress Management |
| <input type="checkbox"/> Toward Goals | <input type="checkbox"/> Language | <input type="checkbox"/> Community Resource Helps |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Parenting | <input type="checkbox"/> Dress for Success |
| <input type="checkbox"/> Medical Management | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Avoiding Abuse | <input type="checkbox"/> Making Marriage Work |
| <input type="checkbox"/> Issues | <input type="checkbox"/> Free Counseling | <input type="checkbox"/> Exercising/Workouts |
| <input type="checkbox"/> GED | <input type="checkbox"/> Case Worker Helps | <input type="checkbox"/> Help in Filling Out Forms |
| <input type="checkbox"/> Other Classes | <input type="checkbox"/> Other Classes | <input type="checkbox"/> Boundaries |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Other Classes | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

What are some specific needs that you think CWJC can meet for you? _____

What are some of your expectations? _____

What is one goal you would like to meet while you are at CWJC? _____

What is your employment plan? _____

What goal(s) are you working towards regarding employment? _____

Weapons: Do you carry a concealed weapon? Yes No. No weapons are allowed on the property of Christian Women's Job Corps.

Need: What is your greatest need overall? _____