



**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 <sup>nd</sup> ) | <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? \_\_\_\_\_