



Jobs for Life Applicant Background Information

Please note that your responses to any and all of the following questions WILL NOT disqualify you from participating in Jobs for Life. JfL Leaders will keep all personal information disclosed on this form confidential.

GENERAL INFORMATION

Name: _____ Gender (circle one) Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____

Ethnicity: (circle one) Caucasian African American Native American Hispanic Asian Other

WORK STATUS

Are you a United States Citizen? Yes _____ No _____

If no, can you provide proof of residency? Yes _____ No _____

Are you currently legally authorized to work? Yes _____ No _____

If no, are you in the process of securing work authorization? Yes _____ No _____

Will you be able to provide the following forms?

1. US Social Security Card Yes _____ No _____

2. US Green Card Yes _____ No _____

3. Driver's License Yes _____ No _____

Please list any physical handicaps or other special needs: _____

EDUCATIONAL BACKGROUND INFORMATION

Circle highest grade completed:

4 5 6 7 8 9 10 11 12/GED
Vocational Training Junior College College Graduate School

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

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

SECURITY

Do you have a criminal history? Yes _____ No _____

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 student.

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 student).

CURRENT EMPLOYMENT STATUS

Check all that apply:

Unemployed _____ Part-time job _____ Self Employed _____ Retired _____

If employed, name of employer _____ Industry _____

Current hourly wage _____ (optional)

Are you a current recipient of government assistance? Yes _____ No _____

Current Marital / Family / Housing Status:

Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

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

Housing arrangements: Rent _____ Own _____ Homeless _____ Other _____

If other, please explain: _____

JOBS FOR LIFE TRAINING INFORMATION

Will you need childcare 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 goal or objective? _____

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 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 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 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? _____

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? _____

What additional training may benefit the applicant? _____ Adult Literacy _____ GED
_____ Computer Skills _____ Other

Please describe: _____

What other needs does the applicant have (e.g. substance abuse counseling, legal aid, 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