**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:

Social Security No.: 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:

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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**