**COVID-19 guidelines are to be followed by all Jobs for Life participants throughout the course of the semester.**

**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.

***NOTE: After completing this, SAVE it as a WORD document or PDF and attach it in an email to:*** gingerjames1@icloud.com.

**GENERAL INFORMATION**

Name:            [ ] 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: [ ] 9 [ ] 10 [ ] 11 [ ] 12/GED [ ]  Vocational Training [ ] Community 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 and Release Date

**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 [ ] Other

If other, please explain:

**JOBS FOR LIFE TRAINING INFORMATION**

Will you need childcare during your Jobs for Life training? **Childcare unavailable due to COVID-19.**

What is your reason for taking Jobs for Life training?

What is your present job goal or objective?

**PREVIOUS WORK EXPERIENCE**

List your last three 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?

(For Site Director/Minister use only)

**INTAKE STATUS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of in-person interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant accepted for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester

Applicant signature (to be signed at in-person interview) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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