



# 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

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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

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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

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Circle highest grade completed:

4    5    6    7    8    9    10    11    12/GED  
Vocational Training    Junior College    Collage    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**