

CHRISTIAN MEN and WOMEN'S JOB CORPS OF GILLESPIE COUNTY
CJCGC.ORG
P.O. Box 2372
601 N. Milam
Fredericksburg, Texas 78624

PARTICIPANT APPLICATION

Please Fill Out and Mail to P.O. Box above or Drop off at the address above.
Applicant Interviews to be scheduled on site
Classes Scheduled to begin in January 2017
Women Only Class and a Men Only Class
Max 10 Participants per class
Submit Application Early

Name _____ Nickname _____ Date _____

Address _____

City _____ Zip _____

Telephone _____ Cell _____ E-mail _____

Age _____ Birthdate __ __ / __ __ / __ __ Ethnicity _____

Driver's License: State ____ Number _____

ID or Green Card: State ____ Number _____

Are you currently working? _____ Where? _____

What are your hours? _____ Phone number at work: _____

Marital Status: Single ____ Married ____ Divorced ____ Living with someone ____

Significant Other: Name _____ Birthdate __ __ / __ __ / __ __

Place of Employment _____ Phone number _____

Children living at home: Name Age Date of Birth

Who lives in your home?

References:

Name: _____ Phone: _____

In case of emergency, please contact:

NAME	RELATION	PHONE NUMBER	ADDRESS
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Where do you live? In an Apartment Mobile home/trailer House ShelterDo you feel safe in your home? Yes No Do you have a car? Yes No

If not, how do you get where you need to go? _____

Do you have at least one close friend? Yes No Education: H.S. Diploma? Yes No Year received: _____ Last grade completed: _____GED? Yes No Year received: _____College? Yes No How many years? _____

What training programs have you attended or completed?	Date(s)
_____	_____
_____	_____

Have you ever been convicted of a felony or any theft offense? Yes No Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No Are you on any probation? Yes No Have you ever received treatment for alcohol or drug problems?
CJCGC reserves the right to conduct drug test as seen fit. Yes No Are you getting medical care now? Yes No

For what? _____

Are you generally healthy? Yes No Do you attend a church? Yes No

Who is your pastor/priest/rabbi?

Work History:

Position	Employer	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any form of income? Yes No
 If yes, where does it come from? _____

Please check all appropriate blanks and state the dollar amount of any **SUPPORT SERVICES** you are currently receiving (**NOT** your monthly expenses).

- CCMS \$ _____
- Housing (Section 8) \$ _____
- WIC \$ _____
- TANF \$ _____
- Food Stamps \$ _____
- SSI \$ _____
- Medicaid/Medicare \$ _____
- Family Support \$ _____
- Any Other \$ _____

*** ANNUAL GROSS/MONTHLY INCOME \$ _____ / _____

*** IF MARRIED, COMBINED MONTHLY INCOME \$ _____

What additional support services would you need in order to complete this job readiness program?

Why are you seeking help from Christian Men & Women’s Job Corps of Gillespie County?

What would you like to be different about your life?

CHRISTIAN MEN & WOMEN’S JOB CORPS OF GILLESPIE COUNTY RELEASE OF INFORMATION AND AUTHORIZATION

I HEREBY AUTHORIZE AND REQUEST any and all institutions, agencies, and case workers having or who may hereafter have records or information pertaining to myself, as the individual named hereon, to release or disclose such records or information to CHRISTIAN MEN and WOMEN’S JOB CORPS OF GILLESPIE COUNTY (CMJC and CWJC) or their designated agent, for any and all purposes for use and in connection with assisting my family and me.

I FURTHER AUTHORIZE and request CMJC & CWJC to release any and all records pertaining to myself and/or my family, to their designate or any/all institutions, agencies or case workers for any and all purposes for use in connection with assisting my family and me.

I, ON BEHALF, AND/OR ANY OTHER PERSON WHO MAY HAVE AN INTEREST IN THE MATTER DO HEREBY RELEASE CMJC and CWJC, their designated agent, any institution, agency, or case worker supplying confidential information from all legal responsibilities that may arise from the act I herein authorize.

Signature Date

Place of Birth Date of Birth Social Security Number

Current Address