

CHRISTIAN JOB CORPS OF GILLESPIE COUNTY

PO Box 2372
Fredericksburg, TX 78624

830.992.5676
www.CJCGC.org



PROGRAM INTERN APPLICATION

Selected interns must be 18 years of age or older, sober and drug free, and able to read and write English.

Please fill out and mail to P.O. Box 2372 or drop off at 601 N. Milam. Each class will have a maximum limit of 10 interns.

Name: _____ Nickname: _____ Date: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ Cell: _____ E-mail: _____

Sex: ☐ MALE ☐ FEMALE 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?

For we are His workmanship, created in Christ Jesus for good works, which God prepared beforehand that we should walk in them. - Ephesians 2:10

References:

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of emergency, please contact:

Name	Relation	Phone Number	Address
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Where do you live? In a(n)	<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile home/trailer	<input type="checkbox"/> House	<input type="checkbox"/> Shelter
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Do you feel safe in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you have a car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If not, how do you get where you need to go? _____

Do you have at least one close friend?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Education:	H.S. Diploma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year received: _____	Last grade completed: _____
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	GED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year received: _____	
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	College?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many years? _____	
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What training programs have you attended or completed?	Date(s)
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Have you ever been convicted of a felony or any theft offense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you on any probation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you ever received treatment for alcohol or drug problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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CJCGC reserves the right to conduct drug test as seen fit.

Are you getting medical care now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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For what? _____

Are you generally healthy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you attend a church?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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 Job Corps of Gillespie County?

What would you like to be different about your life?

CHRISTIAN 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 JOB CORPS OF GILLESPIE COUNTY (CJCGC) 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 CJCGC 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 CJCGC, 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