



DOING THE MOST GOOD™

JOB SKILLS TRAINING PROGRAM APPLICATION

Date: _____ Program? Men Women

Name: _____ Last 4 of SSN: _____

Date of Birth: _____ Race (Optional): _____ Marital Status (Optional): _____

Current Address: _____

City, State, Zip: _____

Phone Number: _____ Alternate: _____

E-mail: _____

At this time, are you residing in a(n): House Apartment Hotel/Motel
 Shelter Streets Other _____

Have you ever been convicted of a felony? Yes No If yes, please explain.

Will you have transportation to/from class? Yes No

EDUCATION

High School Diploma? Yes No If no, Highest Grade Completed: _____

GED? Yes No

Do you have any certifications? Yes No

If yes, list out? _____

Special training or skills? _____

EMPLOYMENT HISTORY (List your last two jobs)

Are you currently employed? Yes No

Employer name and address:	Position title/duties	Start date/End date:
		Reason for leaving:

Employer Name and Address:	Position Title/Duties	Start Date/End Date: Reason For Leaving:
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STATISTICAL INFORMATION (OPTIONAL)

Are you a Veteran?

- Yes (if yes, please answer questions below) No (If no, please proceed to References)

Military Branch:*

- Army Client Doesn't Know
- Air Force Client Refused
- Navy Data Not Collected
- Marines
- Coast Guard

Discharge Status:*

- Honorable Uncharacterized
- General under honorable conditions Client Doesn't Know
- Bad Conduct Client Refused
- Dishonorable Data Not Collected
- Under Other Than Honorable Conditions (OTH)

Service Entry Date:* _____

Service Exit Date: _____

REFERENCES

List two references.

Name	Telephone Number	Years known
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Name	Telephone Number	Years known
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WHY DO YOU WANT TO BE A PART OF THE JOB SKILLS TRAINING PROGRAM?

Signature of Applicant

Date

Please Note: Completing this application does not constitute entry into the Job Skills Program.