

Participant Application

Appointment Date _____ Appointment Time _____

PARTICIPANT'S APPLICATION

Name _____

Date _____

Address _____

City/Town _____ Zip Code _____

Phone Number Where You Can Be Reached _____

Birth date _____

Driver's license number & state _____

Are you: Married? _____, Separated/Divorced? _____, Single? _____

Widowed? _____

If married, husband's name _____

Who lives in the same house as you?

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What grade did you complete? _____ When (Year)? _____

Do you go to church? __ Yes __ No _____ If yes, where? _____

Where have you worked (begin with the latest):

Employer	Your Job	Date Ended
_____	_____	_____
_____	_____	_____

What is your source of income? _____

Where have you worked in the last three years?

Of all your jobs, which one did you like best? Why?

National Certification Training Guide

How did you hear about Christian Women's/Men's Job Corps?

Do you have someone you can confide in?

Yes _____ No _____

Are there any circumstances in your life that may create problems for you while participating in the ministry?

How do you think Christian Women's/Men's Job Corps can help you?

Please give three references we may contact:

Name

Address

_____	_____
_____	_____
_____	_____

Comments:
