



Freedom Hills

Christian Training Center, Inc.

12108 US Hwy 150, Shoals, IN 47581

Phone: (812) 486-8973 or (812) 709-8104

APPLICATION

(Personal Data Information)

We appreciate & thank you for giving us the opportunity to serve you and for taking the time to fill out this application for an interview at the Freedom Hills Christian Training Center. Here are a few things to keep in mind as you fill this out:

1. This is a confidential information form, to help us better understand who you are and why you would want to come here.
2. Please use Black or Blue ink pen to fill this out. No pencils please!
3. This application MUST be filled out in its entirety by the applicant themselves.

IDENTIFICATION DATA:

Your name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Occupation _____

Email Address _____ Sex _____ Birth Date _____ Age _____

Height _____ Nationality or Ethnic Background _____

Marital Status: Single ____ Dating ____ Married ____ Separated ____ Divorced ____ Widowed ____

Education: (Circle last year completed)

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College I 2 3 4 5 6+

Other training (*list type and years*) _____

What job skills do you have? _____

Referred here by _____ Address _____

PERSONALITY INFORMATION:

Circle any of the following words which best describe you now:

Active	Hardworking	Excitable	Shy	Leader	Sensitive	Ambitious
Impatient	Imaginative	Good-natured	Quiet	Self-confident	Persistent	Nervous
Impulsive	Moody	Often-blue	Calm	Serious	Easy-going	Introvert
Extrovert	Likeable	Hard-Hearted	Submissive	Lonely	Self-conscious	

Other _____

Are you subject to violent mood swings or behavior? Yes ____ No ____

MARRIAGE INFORMATION: (If you are not married, check ____ and omit this section)

Name of spouse _____ Address _____

Your spouse's age _____ Education (years) _____ Religion _____

Home Phone _____ Cell Phone _____ Occupation _____

Have you ever been separated? Yes ____ No ____

Have either of you ever filed for divorce? Yes ____ No ____ If so, when? _____

Date of this marriage _____

Your ages when married: Husband _____ Wife _____

Length you and your spouse dated _____ Length of engagement _____

Give brief information about any previous marriages _____

Broken by divorce _____ Death _____

INFORMATION ABOUT CHILDREN:

**Check the first column if child is by a previous marriage or out of wedlock.*

*PM				Living	Education	
*OW	Name	Age	Sex	Yes/ No	(in years)	Marital Status

RELIGIOUS BACKGROUND:

Church attended in childhood _____

Current church you attend _____ Denomination _____

Church Attendance in times per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Baptized? Yes ____ No ____

Religious background of spouse (if married) _____

Do you consider yourself a religious person? Yes ____ No ____ Uncertain ____

Do you believe in God? Yes ____ No ____ Uncertain ____ Do you pray to God? No ____ Occasionally ____ Often ____

Are you saved? Yes ____ No ____ Not sure what you mean? ____

Explain any recent changes in your spiritual life, if any _____

PARENTAL FAMILY HISTORY:

If you were reared by anyone other than your own parents, briefly explain: _____

Answer this section describing your own parents or parent substitute: (Circle name if deceased)

Father _____ Mother _____ Substitute _____

Religious affiliation Father _____ Mother _____

Church attendance per month : 1 2 3 4 5 6 7 8 9 10+ / 1 2 3 4 5 6 7 8 9 10+

Occupation: Father _____ Mother _____

Are your parents still living together? Yes ____ No ____

If not, cause of separation: _____ When? _____

Rate your parents' marriage: Unhappy ____ Average ____ Happy ____ Very Happy ____

As a child, did you feel closest to your . . . Father ____ Mother ____ Another ____

Rate your childhood life: Unhappy ____ Average ____ Happy ____ Very Happy ____

How many siblings do you have? ____ Brothers older than you ____ Sisters older than you ____

LEGAL HISTORY:

Do you have a valid form of identification Yes ____ No ____ If Not, why? _____

Do you have any pending legal issues? Yes ____ No ____ If so, what? _____

Have you ever been arrested? Yes ____ No ____ What For? _____

Are you on Probation? Yes ____ No ____ Are you on a sex offender list? Yes ____ No ____

Do you have any housing restrictions involving minors? Yes ____ No ____

HEALTH INFORMATION:

Rate your physical health (*check*): Very Good ____ Good ____ Average ____ Declining ____ Other ____

Your Approximate weight _____ lbs. Recent weight changes: Lost ____ Gained ____

List all important present or past illnesses, injuries or handicaps: _____

Date of last medical examination: _____ Report: _____

Your physician: _____ Address _____

Have you used drugs for other than medical purposes? Yes ____ No ____ What? _____

Are you presently taking medication? Yes ____ No ____ What? _____

Prescribed by: _____ Address: _____

Have you ever had a severe emotional upset? Yes ____ No ____

Have you ever had any psychotherapy or counseling? Yes ____ No ____

If yes, list counselor or therapist and dates: _____

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? Yes ____ No ____

ANSWER THE FOLLOWING QUESTIONS:

What are the main problems, or difficulties as you see it? (*What are the areas that you would like us to help you with?*)

Describe things that you believe have contributed to causing your main problem?

What have you done about it?

List three ways you would like to grow & change.

Describe how we can assist you in that desire to grow & change.

As you see yourself, what kind of person are you? Describe yourself:

Describe your spouse's personality. (*Selfish, Loving, etc.*)

CLOSING SUMMARY INFORMATION:

Have you discussed your coming to Freedom Hills with any Minister or Pastor? Yes ____ No ____

Name: _____ Phone Number: _____

Is there an accountability or support team set up for you? Yes ____ No ____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Is there anyone that is not in favor of you coming to Freedom Hills? Yes ____ No ____

If so, who? _____

Are you willing to commit to come for an interview? Yes ____ No ____

What is the best phone number to call to setup an interview?

Name: _____ Phone Number: _____

List anything you would like to discuss or know more about. (*I.E. Freedom Hills, Guidelines, Schedules, Housing, etc.*)

By signing this document, you (THE APPLICANT) agree that you have personally and honestly completed this document to the best of your ability. You also understand and acknowledge the fact that your submittal of this completed application is in no way a guarantee of acceptance into the Freedom Hills Christian Training Center.

Applicant's Signature: _____ **Date:** _____