



Christian Women's Job Corps
A Ministry of WMU*

New Journeys Christian Women's Job Corps :NJCWJC

Applicant Background Information

Date:

Name: _____ Male Female (circle one)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Cell Phone #: _____ Date of Birth: _____

Ethnicity: _____ Church Affiliation (if any): _____

Are you a United States Citizen? Yes _____ No _____
 If not, can you provide residency papers? Yes _____ No _____

Will you be able to provide the following forms?

1. Birth Certificate Yes _____ No _____
2. US Social Security Card Yes _____ No _____
3. Driver's License Yes _____ No _____ or Non-Driver ID Yes _____ No _____

Please list any physical handicaps or other special needs. _____

Educational Background Information:

Circle the highest grade achieved 4 5 6 7 8 9 10 11 12/GED Vocational Training College

Name of High School _____ City/State _____

Enrolled from Year _____ to Year _____ Graduated? Yes _____ No _____

If you have received education training beyond High School or GED level, complete the following:

What is the name of the college or vocational training facility you attended (use additional sheets if necessary)?

Training Facility/ College Name

City, State

Enrolled from _____ To _____

Did you receive a certificate or diploma from this college or training facility? Yes _____ No _____

If yes, what training/degree did you receive? _____

Previous Work Experience:

List your last four employers, starting with your most recent or current employer. Include military and volunteer experience. Be as complete as possible.

Business Name: _____
Address: _____
Phone: _____
Start Date: _____ End Date: _____
What is/was your job title? _____
What are/were your duties? _____
Who is/was your supervisor? _____
If you are no longer employed here, why did you leave? _____

Business Name: _____
Address: _____
Phone: _____
Start Date: _____ End Date: _____
What was your job title? _____
What were your duties? _____
Who was your supervisor? _____
Why did you leave? _____

Business Name: _____
Address: _____
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Business Name: _____
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Phone: _____
Start Date: _____ End Date: _____
What was your job title? _____
What were your duties? _____
Who was your supervisor? _____
Why did you leave? _____

Security:

Have you ever been convicted of a felony and/or served time in the past? Yes _____ No _____
If yes, please describe below. *Note: Providing this information will not disqualify a person from becoming a Jobs For Life™ participant.*

Incident	Year	City, State	Charge & Release Date

Are you willing to take a drug test? Yes _____ No _____ (*answering "No" will not disqualify a person from becoming a NJCWJC participant.*)

Current Employment Status:

Check all that apply:

Unemployed _____ Full-time job __ Part-time job __ Public welfare recipient _____

If employed, name of employer: _____ Current wage: _____ (optional)

Current Marital/ Family/Housing Status:

Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Do you have children? Yes _____ No _____ If yes, how many? _____

Housing Arrangements: Rent Apartment _____ Rent House _____ Own Home _____ Homeless _____ Other _____ (If other, please explain _____.)

NJCWJC Training Information:

Will you need child care during your NJCWJC training? Yes _____ No _____

Will you need transportation during your NJCWJC training? Yes _____ No _____

What is your reason for taking NJCWJC training? _____

What is your present job objective? _____

Other hobbies and interests: _____

NJCWJC Applicant Signature

Date

This page for referring church/organization/individual use only (if no referral, leave blank):

Church/Organization/Individual Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone/Fax: _____ Email: _____

Pastor/Director's Name: _____ Email: _____

Evaluation Checklist:

Name of person completing evaluation: _____ Phone: _____

Position at referring organization: _____ Email: _____

Relationship to applicant: _____ How long have you known this applicant? _____

In your opinion, how serious is this applicant about completing the training and establishing a career?

How do you assess the applicant's character and moral integrity? _____

Will additional training benefit the applicant? ___ Adult Literacy ___ GED ___ Computer Skills ___ Other

Please describe: _____

What other needs does the applicant have (e.g. substance abuse counseling, health problems, English language training, etc.)? _____

Do you recommend this applicant for program participation? _____

If so, why? _____

NJCWJC Lead Champion:

Champion's Name (if assigned): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Fax: _____

Signature

Date