

**JOB SKILLS TRAINING PROGRAM APPLICATION**Date: \_\_\_\_\_ Program? ☐ Men ☐ Women

Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Present Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

At this time, are you residing in a(n):

☐ House ☐ Apartment ☐ Hotel/Motel ☐ Shelter ☐ StreetsHave 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 ☐ NoDo you have any certifications? ☐ Yes ☐ No

If so, what are they? \_\_\_\_\_

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:

**STATISTICAL INFORMATION (OPTIONAL)**

Have you served in the military? ☐ Yes ☐ No

If yes, why were you discharged?

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Race: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**WHY DO YOU WANT TO BE A PART OF THE JOB SKILLS TRAINING PROGRAM?**

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**This is a pre-application. Completing this application does not constitute entry into the Job Skills Program.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date