



MT. ZION J.O.B.S. PROGRAM

STUDENT APPLICATION

CONTACT INFORMATION

Name: _____
Last Middle Initial First

Address: _____

City State Zip

Male	<input type="radio"/>
Female	<input type="radio"/>

Phone: (____) _____ (____) _____ (____) _____
Home Work Cell

Email Address: _____

EMERGENCY INFORMATION

Emergency Contact: _____
Name Phone Number

Relationship to you: _____

EMPLOYMENT HISTORY

Are you currently employed? Yes No Full time Part time

If yes, what is the name of the company? _____

What is your job position or title? _____

What are your duties and responsibilities?

Date of Employment (Month/year) _____

What is your current salary? \$_____ per hour per week per month per year

PERSONAL HISTORY

***This information is kept STRICTLY CONFIDENTIAL and will not be used for any purpose other than to provide you with information regarding employment opportunities, for research, and statistical purposes. Your participation is voluntary and would be greatly appreciated.**

Are you married? Yes No If yes, Spouse Name _____

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

Are there other adults in the household? Yes No

Name	Relationship to Applicant	Age	Gender



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Housing arrangements:

Own Home Rent apartment Rent House Homeless
Other _____

Primary language spoken in the household: _____

Church Affiliation (if any): _____

Are there any family issues that need to be addressed, such as housing, employment, social service referrals, chemical dependency, medical, etc.? Please explain.

*Have you ever been convicted of a felony? Yes No

If yes, please specify State Federal

Describe the charges and length of time served:

What are some barriers that might prevent employment?

Have you had any long gaps between employment? Yes No

If yes, please explain: _____

Are you in need of any special assistance to obtain and/or sustain employment? If yes, please list:

Do you have any of these dependencies?

DRUGS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: _____
ALCOHOL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: _____
SMOKING	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: _____
OTHER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: _____

ADDITIONAL COMMENTS

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Signature _____

Date _____