

CHRISTIAN WOMEN'S JOB CORPS OF KERR COUNTY
MINISTRY OF WOMEN'S MISSIONARY UNION
STUDENT APPLICATION

Updated 6.5.08

1140 Broadway
Kerrville, Texas 78028
830.895.3660

Name _____ Date _____

Address _____

City _____ Zip _____

Telephone _____ Cell _____ E-mail _____

Age _____ Birthdate __ __ / __ __ / __ __ Ethnicity _____

Drivers License: State ____ Number _____

ID or Green Card: State ____ Number _____

Marital Status: Single ____ Married ____ Divorced ____ Living with someone ____

Husband/Significant Other: Name _____ Birthdate __ __ / __ __ / __ __

Place of Employment _____ Driver's License: State ____ Number _____

Children living at home:	Name	Age	Date of Birth
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who lives in your home?

References:

Name: _____

Phone: _____

In case of emergency, please call:

Where do you live? In an apartment mobile home/trailer house shelter

Do you feel safe in your home? Yes No

Do you have a car? Yes No

If not, how do you get where you need to go? _____

Do you have at least one close friend? Yes No

Education: H.S. Diploma? Yes No Year received: _____ Last grade completed: _____

GED? Yes No Year received: _____

College? Yes No How many years? _____

What training programs have you attended or completed? Date(s)

Are you currently working? _____ Where? _____

What are your hours? _____ Phone number at work: _____

Have you ever been convicted of a felony or any theft offense? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

Are you on any probation including deferred adjudication? Yes No

Have you ever received treatment for alcohol or drug problems? Yes No

Are you getting medical care now? Yes No

For what? _____

Are you generally healthy? Yes No

Do you attend a church? Yes No

Who is your pastor/priest/rabbi? _____

Work History:

Table with 3 columns: Position, Employer, Dates of Employment. Includes four rows of blank lines for data entry.

Do you have any form of income? Yes No
If yes, where does it come from? _____

Please check all appropriate blanks and state the dollar amount of any **SUPPORT SERVICES** you are currently receiving (**NOT** your monthly expenses).

- CCMS \$ _____
- Housing (Section 8) \$ _____
- WIC \$ _____
- TANF \$ _____
- Food Stamps \$ _____
- SSI \$ _____
- Medicaid/Medicare \$ _____
- Family Support \$ _____
- Any Other \$ _____

*** **ANNUAL GROSS/MONTHLY INCOME** \$ _____ / _____

*** **IF MARRIED, COMBINED MONTHLY INCOME** \$ _____

What additional support services would you need in order to complete this job readiness program?

Why are you seeking help from Christian Women’s Job Corps of Kerr County?

What would you like to be different about your life?

