



**Journey of Hope / Christian Women's Job Corps of Loudon County**

300 W 1st Ave . P.O. Box 338  
 Lenoir City, TN 37771  
 865 816-3403

**PARTICIPANT APPLICATION** [You must be at least 18 years old to enroll in this program.]

**Please answer the following questions.**

Please write NEATLY

Date \_\_\_\_\_

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no – Do you have a green card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name			
Address			
City		State	
Telephone Number		Cell Phone	
Other Phone			
E-mail Address			

How long have you lived at the address listed above? \_\_\_\_\_

Date of Birth \_\_\_\_\_

How did you hear about Journey of Hope / Christian Women's Job Corps of Loudon County?

**PRESENT SITUATION** - Check appropriate box

Single     Married     Separated/Divorced     Widowed?

Who lives in the same house you do?	Age?	Relationship to you?

If more space is needed, please us the back of this application. ⇨ ⇨ ⇨





Do you have any form of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where does it come from?	

**EDUCATION**

What is the last grade of school you completed? \_\_\_\_\_

If you finished the 12th grade did you graduate?  Yes  No

If you did not graduate, do you have your GED?  Yes  No

If no, is this something you want?  Yes  No

Have you ever been enrolled in a GED program?  Yes  No

What training programs have you completed?	Dates	Do you complete the training?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

List some of your skills (those learned from jobs, training, use of equipment)	
What are your hobbies or interests?	

**TRANSPORTATION**

Do you have a current drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the number on your drivers license
What state issued your driver's license?

Will you be able to provide your own transportation to classes for the entire session?  Yes  No

**WORK HISTORY**

Are you currently looking for work?  Yes  No

Where have you worked?	Dates of Employment





Of all your jobs, which one did you like the best?	Why?

**HEALTH**

Would you say your health is  Poor  Fair  Good  Excellent?

Do you take any regularly prescribed medicine that would prevent you from focusing on your responsibilities in CWJC?  Yes  No

Have you ever had treatment for alcohol or drug abuse?  Yes  No

**REFERENCES**

List three persons who are **not** related to you that CWJC has your permission to contact for a reference. Please include **work** related references (coworker or supervisor).

Name	Address	Telephone

**LEGAL**

Do you currently have any legal proceedings against you?  Yes  No

If yes briefly explain

Are you on probation?  Yes  No

If yes briefly explain





**FUTURE PLANS**

CWJC of Loudon County works with women who want to make changes which will result in a better quality of life for them. What changes would you like to make to improve your life?


What do you want CWJC to do for you?

Are there any circumstances in your life that may create problems for you while you participate in this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain briefly	

Please <b>PRINT</b> your full name	Signature

If you are filling this application out to refer a client what is your name? \_\_\_\_\_

Name of referring organization / agency [if applicable] \_\_\_\_\_

