



**MY FATHER'S HOUSE LUBBOCK
CHRISTIAN WOMEN'S JOB CORPS
PARTICIPANT APPLICATION**

Date _____

Name _____ *Phone* _____

Address _____ *City* _____

Zip _____ *Phone* _____ Are you over 18 years old? _____

Social Security Number _____

Family Status: ___ Single ___ Married ___ Couple ___ Separated ___ Divorced

Children's Names

Name:	Birth Dates	Other's living in household
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education: (Please circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12

College? Yes No Where? _____ GED? Yes No Where? _____

Personal: Please list any circumstances in your life that may be a potential problem while participating in this ministry. _____

How can **CWJC** help you? _____

References:

Name _____	Name _____
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Address _____	Address _____
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Phone # _____	Phone # _____
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Relationship _____	Relationship _____
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IN CASE OF EMERGENCY, CONTACT:

Name _____	Phone _____
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What training programs have you attended or completed?

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____

Where have you worked?

Your Job

Date(s)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Do you have any form of income? ___Yes ___No If yes, where does it come from?

Do you attend church? _____ Where: _____

Who is your pastor /priest/rabbi? _____

What do you like to do? List any hobbies, interests, or skills.

How can Christian Women's Job Corps help you? _____

