

Joshua Resource Center/New Beginnings Application

Name _____ Phone # _____

Address _____ City/Zip _____

Current Marital/Family/Housing Status: Age Range: 18-30 31-40 41-55 55 +

Married Single Divorced Widowed Age of children, if any: _____

Will you need childcare? Yes No Housing Arrangements: Rent Apartment/House

Own Home Homeless Live with a friend/family member

Current Employment Status: (Check all that apply)

Unemployed Full time job Part time job # hours worked per week (average) _____

Type of Welfare Assistance (ex: Food Stamps, Families First, etc.) _____

Disabled If yes, Type of Disability: _____

\$ _____ Total Monthly Income Sources of Income: _____

Total Monthly Expenses: \$ _____ Type of Expenses: _____

What evidence of income can you provide, if requested from JRC? _____

Educational Background:

Circle the highest grade achieved 7 8 9 10 11 12/Diploma or GED Vocational Training

Any College or other training? _____

Did you receive a certificate or diploma from this college or other training facility? Yes No

If yes, what training or degree did you receive? _____

Other Background:

Have you ever been charge with or convicted of a felony and/or served time? If yes, please describe: _____ incident _____ charge

_____ city/state _____ date

Have you been in or are you currently in an addiction recovery program? Yes No

If yes, Please describe: _____ Dates of recovery program: _____

_____ Current Status of recovery: _____

Can you provide evidence of recovery status, if requested: _____

Joshua Resource Center/New Beginnings Application

Your Goals:

How would you like your life to be different by attending this training program?

What other information would you like to tell us about yourself (any special needs, etc.)?

Current Employer:

Business Name: _____

Address _____ Phone: _____

What is your job title? _____ Employed since: ____/____/____

What are your duties? _____

Who is your supervisor? _____

Rate of pay? _____ What do you like most about this job? _____

Previous Employer:

Business Name: _____

Address _____ Phone: _____

What was your job title? _____ How long there? _____

What was your duties? _____

Who was your supervisor? _____

Rate of pay? _____ What did you leave this job? _____

By signing this application, I am acknowledging that the above information is correct. I agree to notify the Joshua Resource Center within 7 days (in writing) if any of the above information changes.

_____ / _____ / _____

Emergency Name and Phone # _____