



Student
Course Application

Date _____ Name _____
Date of Birth ____/____/____ Marital Status: Never Married Married Divorced Widowed
Address: _____
City _____ State _____ Zip Code _____
Telephone: Home _____ Cell _____
Email address: _____
Driver's license number _____ State _____ Expiration date _____
Have you ever served in the armed forces? Yes No Are you a U.S. citizen? Yes No
If no, can you provide proof of residency? Yes No
Disability Status: Do you have a disability that limits your employment activities? Yes ____ No ____
Referring Agency: Harbor House Anthony's House WRCC Other _____
Emergency Contact info: Name _____ Phone _____
Do you have a case manager or work with a program? Yes No Name: _____

Housing

What is your current living situation? Street Emergency shelter Transitional housing
Own apartment/house Permanent subsidized housing Relative's home Friend
Do you have a secure place to live for the next 6 months? Yes ____ No ____
Number of children under age 18? _____ Number of people living in your household? _____
Current Living Arrangements for your children: alone living with someone married friend
How many children do you have? _____ Are you a single parent? Yes ____ No ____

Income

Total monthly household income \$ _____ List all sources _____
Do you receive any of the following assistance? TANF SSI Food Stamps Section 8 4C Childcare Other
What is your current housing status? Own Rent Shelter Transitional Other

Educational Background

Check the highest level of education completed:
Some High School High School Diploma/GED Some College/Tech School
Associates Degree Bachelors Degree Masters Degree
Certifications/Profesional Licenses _____
Are you attending a school now? Yes No If yes, please list _____
Name of school _____ Course of study _____

Legal History

Do you have any warrants, upcoming court dates or legal problems? Yes ____ No ____ (If **yes**, please explain)

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Have you ever been convicted of a misdemeanor? Yes ___ No___ If yes, fill out chart:

Misdemeanor Charge: What happened/why were you incarcerated? How Long?

1.		
2.		
3.		

Have you ever been convicted of a felony? Yes ___No___ If yes, explain each charge:

Felony Charge: What happened/ why were you incarcerated? How Long?

Are you on probation, parole or work release? Yes ___ No___ If yes, which? _____

- How long? _____
- How often/What time? _____
- Contact name: _____
- Contact Telephone: _____

Employment History

Please list your work experience in the following charts. Start with the last job you held. If you were self-employed, please provide the name the company.

<u>Name of Employer:</u>	<u>Supervisor's Name:</u>	<u>Employment dates:</u>	<u>Pay or salary:</u>
Address:		From:	Start:
Phone No:		To:	Final:

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Title & responsibilities :
Reason for leaving (be specific):
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company

<u>Name of Employer:</u>	<u>Supervisor's Name:</u>	<u>Employment dates:</u>	<u>Pay or salary:</u>
Address:		From:	Start:
Phone No:		To:	Final:
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company			

<u>Name of Employer:</u>	<u>Supervisor's Name:</u>	<u>Employment dates</u>	<u>Pay or salary</u>
City, State, Zip:		From:	Start:
Phone No:		To:	Final:
Your last job title:			

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Reason for leaving (be specific)
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company

Give details of any food service experience you have had, including any experience while incarcerated, commercial food service experience, fast food, odd jobs, etc.:

What was your **favorite part** of your last job and **WHY**?

Health History

Do you have health insurance? YES _____ NO _____

If yes, WHAT KIND (Medicaid, Medicare, etc.?) _____

Have you ever been diagnosed with any of the following?

- ___ Allergies
- ___ Asthma
- ___ Brain Injury
- ___ Cancer
- ___ Diabetes
- ___ Digestive Disorder
- ___ Epilepsy
- ___ Heart Disease
- ___ High Blood Pressure
- ___ High Cholesterol
- ___ Hypertension
- ___ Immune System Problems
- ___ Recurring Headaches
- ___ Seizures

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___ Vision Impairment

___ Other, please explain: _____

Do you currently see a physician for any of the above concerns? Yes ___ No ___

If **yes**, please provide contact information for your doctor:

Name of clinic/doctor

Phone

Address

Please list **ALL** medications you are currently taking & the reasons for taking them in the chart below:

Medication and reason for taking it:	Dosage:	Doctor who prescribed the medication:	Date you began taking this medicine:

Have you ever been diagnosed with a mental illness? Yes ___ No ___

If Yes, What is your Diagnosis? _____

Are you on medication? Yes ___ No ___ If Yes, how long have you been on medication? _____

Are you currently on any medication that may cause drowsiness or side effects? Yes ___ No ___

If **yes**, explain: _____

List any allergies or issues that you have working with specific types of food:

Substance Use:

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Have you **ever** used alcohol? Yes ___ No ___

If **yes**, please explain:

Have you **ever** used illegal drugs? Yes___ No___

If yes, please explain and list drug type, how often used, how much used and date of last use:

If you have a **history of alcohol &/or drug use**, How long have you been clean or sober?

What is your clean date?

Have you **ever** been in a drug or alcohol treatment program? Yes ___ No ___ (List programs below)

Program Name:	Inpatient, Outpatient, or Residential?	Dates of attendance:	Did you Complete it?

If you have used alcohol and drugs in the past, **how have you maintained your sobriety?**

Do you attend meetings? Do you have a sponsor? (Please explain)

Do you currently use any illegal drugs? Yes ___ No___ Do you currently use alcohol? Yes ___ No ___

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Program Requirements

Listed below are some of the Training Program requirements. Please initial after each one if you agree to them.

- I understand that full attendance is required for all eight (8) weeks. _____
- I understand that I am required to remain drug and alcohol free. _____
- I understand that I must be on time and prepared to stay for the whole class. _____
- I understand that I must be willing to accept instruction and constructive criticism from my instructors and complete the work that is assigned to me with a positive attitude. _____
- I understand that I must have a willingness to confront my personal challenges and/or barriers. _____
- I understand that the facility is not responsible for damage, loss or theft of my personal property. _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the 306 Foundation permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Foundation from any liability as a result of such contract.

I also understand that:

- (1) The 306 Foundation has a drug and alcohol policy that provides for random and causal testing before and/or during the program;
- (2) I consent to and am in compliance with such policy at the time of my enrollment; and
- (3) My continued enrollment is based on the successful passing of testing under such policy.
- (4) I further understand that continued enrollment might be based on the successful passing of job-related physical examinations.
- (5) I give my consent to have any of my voice, video, photo or other characterization used for any purposes for the Toolbox4Life, 306 Foundation or any and all affiliates, partners and donors purposes.

I do hereby authorize the Toolbox4Life Training Staff to release any and all information about my case, including but not limited to, records of my communications, my attendance and behavior in the "Program", and information provided in "Program" with staff to: (agency, case mgr., parole or probation officer).

This release of information shall expire on one year after the date of signature on this form, unless revoked by me in writing at an earlier date. In addition, I hereby release the 306 Foundation and its officers, directors, employees, volunteers, from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

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I do hereby authorize (agency, case mgr., parole or probation officer) _____
to release any and all information about professional services I have received from (agency, case mgr.,
parole or probation officer) since (date of service/relationship) _____,
including but not limited to, records of appointments, diagnostic information, course of treatment to the
306 Foundation.

I understand that I have the right to inspect the records described herein. In addition, I hereby release
(agency, case mgr, parole or probation officer), _____ its
officers, directors, and employees from any claims arising out of the release of the information described
herein.

Applicant's signature: _____ Date: ____ / ____ / ____