

## JOB-READINESS PROGRAM APPLICATION

# Part 1: Program Participant Application

This document includes both parts of the Job-Readiness Application (**1. Participant Application** and **2. Referring Organization Information**). The Program Referral Form may be completed and submitted separately by using the Referral Form link at [www.heartisans.org/our-program](http://www.heartisans.org/our-program). Applications will not be considered complete until referral information is submitted by the organization, church, or individual who is referring potential participants to our Job-Readiness Program.

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## How to submit this form:

**BY EMAIL:**

Follow the directions below to submit this document as an email attachment.

- 1) Complete the PDF form in the browser and save the finished document to your device with your changes.
- 2) Email the completed document as an attachment to [amy@heartisans.org](mailto:amy@heartisans.org)

**IN-PERSON:**

Follow the directions below to submit this document in person.

- 1) Do one of the following:
  - a) Complete the PDF form in the browser and save the finished document to your device with your changes. Print the finished document.
  - b) Download the unfinished PDF to your device and print to complete by hand.
  - c) Visit Heartisans Marketplace (3501 Gilmer Road, Longview, TX 75604) to receive a printed application and complete by hand.
- 2) Visit Heartisans Marketplace (3501 Gilmer Road, Longview, TX 75604) and turn in your application in person to Amy Hollins.

*Please do NOT submit your application through the mail.*

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**Begin application on Page 2**

**1. Applicant Background Information**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Church Affiliation (if any): \_\_\_\_\_

Emergency Contact Name &amp; Phone #: \_\_\_\_\_

Are you a United States citizen?      **YES**      **NO**If not, can you provide residency papers?      **YES**      **NO**

Will you be able to provide the following forms?

1. Birth Certificate:      **YES**      **NO**      Country/State of Birth: \_\_\_\_\_2. U.S Social Security:      **YES**      **NO**3. Driver's License or State ID:      **YES**      **NO**

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State ID #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a smoker/vaper?      **YES**      **NO**      If yes, are you trying to quit?      **YES**      **NO**

Please list any handicaps and/or other special needs:

## 2. Education Background Information

Select the highest education you have achieved:      Diploma/GED      Vocational Training      College

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduated/GED Year: \_\_\_\_\_

*If you have education beyond High School/GED level, please complete the following:*

What is the name of the college or vocational training facility you attend?

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Enrolled from: \_\_\_\_\_ Enrolled to: \_\_\_\_\_

Did you receive a certificate or diploma from this college or training facility?      **YES**      **NO**

If yes, what training/degree did you receive? \_\_\_\_\_

Have you considered going back to school?      **YES**      **NO**

If yes, what degree would you pursue? \_\_\_\_\_

\_\_\_\_\_

**Continue application on Page 4**

### 3. Previous Work Experience

List your last two employers, starting with your most recent or current employer. Include military and volunteer experience. Be as complete as possible.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

What was your job title? \_\_\_\_\_

What were your duties? \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

What was your job title? \_\_\_\_\_

What were your duties? \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

If you could choose any career, what would it be? \_\_\_\_\_

Hobbies/Insterests? \_\_\_\_\_

#### 4. Family Income Information

Family's Monthly Income: \$\_\_\_\_\_ (include employment, child support, and any other income sources)

Number of family members in household: \_\_\_\_\_

Number of children in household: \_\_\_\_\_

Please check the following benefits you are currently receiving:

\_\_\_\_\_ Medicaid/CHIPS

\_\_\_\_\_ Disability

\_\_\_\_\_ Food Stamps

\_\_\_\_\_ TANF

\_\_\_\_\_ Unemployment

\_\_\_\_\_ Other

\_\_\_\_\_ SSI

#### 5. Current Marital/Family, Housing, and Transportation Information

Housing Arrangements:      Rent Apartment/House      Own Home      Homeless      Family

Shelter/Program Name: \_\_\_\_\_

Select One:      Legally Married      Single      Divorced      Separated      Widowed      Partner

Husband/Partner Name & Age: \_\_\_\_\_

Children Name(s) & Age(s):

Will you need childcare during your training?      YES      NO

Will you need transportation during your training?      YES      NO

Do you have any community service hours you need to complete?      YES      NO

If yes, what county and how many hours? \_\_\_\_\_ PO Name: \_\_\_\_\_

**6. Security Information**

Have you ever been convicted of a felony and/or served time in the past?      **YES**      **NO**

If yes, please describe below. *Note: Providing this information may or may not disqualify a person from becoming a Heartisans program participant.*

Incident Year: \_\_\_\_\_ City/State: \_\_\_\_\_

Charge: \_\_\_\_\_ Release Date: \_\_\_\_\_

If drug tested, would you pass?      **YES**      **NO**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**Continue on page 7**

## 7. Disclosure and Authorization - Background Investigation/Drug & Alcohol Screening

In connection with my application for job training or to serve as a volunteer with Heartisans Marketplace, I understand that a background report will be requested by Heartisans for job training or volunteer purposes, whichever is applicable, from Active Screening, Inc., a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information regarding my character, general reputation, personal characteristics or mode of living, whichever area is applicable. The report may also contain information about me relating to my criminal history, social security number verification, or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization if I am accepted into the job training program or serve as a volunteer, whichever is applicable, throughout the course of my training or volunteer service, as permitted by law unless revoked by me in writing. Heartisans also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Heartisans. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Active Screening, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5580. For information about Active Screening's privacy practices, see [www.activescreening.com](http://www.activescreening.com). In addition to my background investigation, I authorize Heartisans Marketplace to conduct random drug/alcohol screenings at any time and without notice while in the Heartisans' job training program or while serving as a volunteer. Refusal to submit a drug/alcohol screening could result in removal from the program or serving as a volunteer.

## 8. Acknowledgement and Authorization

By signing below, I authorize Heartisans to obtain or prepare a background check using my personal information given below and submit to drug and alcohol screening.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
DL OR STATE ID #

\_\_\_\_\_  
STATE ISSUED

\_\_\_\_\_  
EMAIL ADDRESS

For identification only, please provide DATE OF BIRTH \_\_\_\_\_

Please list other names used (married name, maiden name, etc.):

## JOB-READINESS PROGRAM APPLICATION

## Part 2: Program Referral Form

The following should be completed by the Referring Organization and submitted with Part 1 - Program Participant Application documents. The Program Referral Form may be completed and submitted separately by using the Referral Form link at [www.heartisans.org/our-program](http://www.heartisans.org/our-program)

### 1. Referral Organization Information

Name of woman you are referring: \_\_\_\_\_

Your Organization/Church Name: \_\_\_\_\_

Director/Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name of person writing referral: \_\_\_\_\_

Position at referring organization: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How do you assess the applicant's character and moral integrity?



## 1. Referral Organization Information (Cont'd.)

What specific needs does the applicant have that you are aware of?

In your opinion, how serious is the applicant about completing the training and establishing a career?

Why do you feel the applicant is a good fit for Heartisans program?

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**End of Job-Readiness Program Application**