

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 <a href="https://www.heartisans.org/our-program">www.heartisans.org/our-program</a>. 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.

#### 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

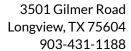
#### IN-PERSON:

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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1. Applicant Background Information	1		Today's [	Date:	
Full Name:					
Address:					
City:		State:	Zip:		
Phone:	Email:				
Social Security #:		Date of Birth	n:		
Ethnicity: Chu	ırch Affiliatior	n (if any):			
Emergency Contact Name & 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 form	ns?				
1. Birth Certificate: YES NO	)	Country/State	e of Birth:		
2. U.S Social Security: YES	NO				
3. Driver's License or State ID: YES	s no				
Driver's License #:		State:	Expiration Dat	e:	
State ID #:		_ State:	Expiration Dat	:e:	
Are you a smoker/vaper? YES	NO	If yes, are you t	rying to quit?	YES	NO
Please list any handicaps and/or other specia	l needs:				



# 2. Education Background Information

Select the highest education you have achieved:	Diploma/GED	Vocational Training	College
Name of High School:			
City: 5	state:	Graduated/GED Year:	
If you have education beyond High School/GED lev	el, please complete the foll	owing:	
What is the name of the college or vocational tra			
City:			
Enrolled from: Enrolled to:			
Did you receive a certificate or diploma from thi	s college or training facil	ity? YES N	0
If yes, what training/degree did you receive? _			
Have you considered going back to school?	YES NO		
If yes, what degree would you pursue?			

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## 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:		
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:		
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 wo	uld it be?	 
Hohhies/Insterests?		



# 4. Family Income Information

Family's Monthly Income: \$	_ (include employm	ent, child suppoi	rt, and any other ir	ncome sources)
Number of family members in household:				
Number of children in household:				
Please check the following benefits you are currently r	receiving:			
Medicaid/CHIPS	D	sability		
Food Stamps	TA	ANF		
Unemployment	O	ther		
SSI				
5. Current Marital/Family, Housing, and T	ransportation	Information		
Housing Arrangements: Rent Apartment/R	House Ow	n 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 N	o		
Will you need transportation during your training	? YES	NO		
Do you have any community service hours you nee	ed to complete?	YES	NO	
If yes, what county and how many hours?		PO Name:		



# 6. Security Information

Have you ever been convicted of a	n the past?	YES	NO			
If yes, please describe below. No Heartisans program participant.	ote: Providing th	nis information	may or may not	disqualify a	person from bec	oming a
Incident Year:	_ City/State: _					
Charge:			Releas	se Date:		
If drug tested, would you pass?	YES	NO				
APPLICANT SIGNATURE				DATE		

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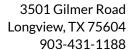
### 7. Disclosure and Authorization - Background Investigation/Drug & Alcohol Screening

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. 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	MIDDI	LE NAME
ADDRESS			
CITY	COUNTY	STATE	ZIP
SOCIAL SECURITY #	DL OR STATE ID #		STATE ISSUED
EMAIL ADDRESS			
For identification only, please pro	vide date of birth		
Please list other names used (mar	rried 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 <a href="https://www.heartisans.org/our-program">www.heartisans.org/our-program</a>

1. Referral Organization Information			
Name of woman you are referring:			
Your Organization/Church Name:			
Director/Pastor's Name:			
Address:			
City:			
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?

**End of Job-Readiness Program Application**