

Course Title: \_\_\_\_\_  
Course Start Date: \_\_\_\_\_

I-001  
Rev. 10/18

## Job Point Application for Enrollment

**Instructions:** Please make sure to fill in each item completely. If an item does not apply to you, please fill in with "N/A". If you have any questions please call us at (573) 474-8560. For individuals who are deaf, hard of hearing, blind or speech disabled, please dial 711 to reach Missouri Relay. Upon completion, submit application to Tania Cook at 400 Wilkes Blvd., Columbia, MO 65201. Applications are accepted for all programs on an on-going basis. Applications received less than two weeks prior to program start may be held until next scheduled class.

### GENERAL INFORMATION

Date \_\_\_\_\_ Who Referred you to Job Point? \_\_\_\_\_

Name \_\_\_\_\_

Last

First

MI

Nickname

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_ Facebook Contact \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ Message Phone( ) \_\_\_\_\_

Cell Phone( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

Ethnicity: African-American \_\_\_\_\_ Hispanic \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_

Pacific Islander/Native American \_\_\_\_\_ Other \_\_\_\_\_ Country of origin \_\_\_\_\_

### JOB POINT PROGRAM/SERVICES

Which Job Point program are you interested in attending?

\_\_\_\_\_ Carpentry \_\_\_\_\_ Certified Nursing Assistant

\_\_\_\_\_ Highway/Heavy Construction \_\_\_\_\_ HVAC

\_\_\_\_\_ Office Technology \_\_\_\_\_ Retail Sales

\_\_\_\_\_ YouthBuild/Americorps

\_\_\_\_\_ Employment Services--Please indicate one of the following categories:

\_\_\_ Person with a Disability

\_\_\_ Person with a Ticket to Work

\_\_\_ Person with Social, Legal, Economic, or Educational Disadvantage

Which Job Point location is closest to the area in which you live?

\_\_\_\_\_ Columbia

\_\_\_\_\_ Marshall

Can you attend day classes? Yes \_\_\_\_\_ No \_\_\_\_\_ Evening classes? Yes \_\_\_\_\_ No \_\_\_\_\_

How were you informed about Job Point programs?

\_\_\_\_\_ Friend \_\_\_\_\_TV/Radio \_\_\_\_\_Newspaper \_\_\_\_\_Flyer \_\_\_\_\_ Agency/Organization \_\_\_\_\_ Internet

What are your job goals?

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What will it take to reach your job goals?

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What are your strengths and weaknesses?

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Indicate your Current Living Status:

\_\_\_\_\_ Home or Apartment                      \_\_\_\_\_ Public Housing                      \_\_\_\_\_ Homeless Shelter  
\_\_\_\_\_ Living with family                      \_\_\_\_\_ Living Alone                      \_\_\_\_\_ Living with Friends  
\_\_\_\_\_ Homeless                      \_\_\_\_\_ Living in a Halfway House  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

What is their relationship to you?

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List Your Children

Name	Age	Do they live with you?
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N

Are you receiving child support? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you paying child support? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have daycare arrangements? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Are you or your parents receiving:**

TANF check	Yes _____	No _____	Amount _____
Food Stamps	Yes _____	No _____	Amount _____
WIC	Yes _____	No _____	Amount _____
Section 8-Housing	Yes _____	No _____	Amount _____
Unemployment	Yes _____	No _____	Amount _____
SSI	Yes _____	No _____	Amount _____
SSDI	Yes _____	No _____	Amount _____

**Is your child's mother/father receiving:**

TANF check	Yes _____	No _____	Amount _____
Food Stamps	Yes _____	No _____	Amount _____
WIC	Yes _____	No _____	Amount _____
Section 8-Housing	Yes _____	No _____	Amount _____
Unemployment	Yes _____	No _____	Amount _____
SSI	Yes _____	No _____	Amount _____
SSDI	Yes _____	No _____	Amount _____

Please check which of the following is closest to your household's yearly income

- 1 person ( ) < \$13,750 ( ) \$13,751 - \$22,900 ( ) \$22,901 - \$36,600 ( ) > \$36,600
- 2 person ( ) < \$15,700 ( ) \$15,701 - \$26,150 ( ) \$26,151 - \$41,800 ( ) > \$41,800
- 3 person ( ) < \$17,650 ( ) \$17,651 - \$29,400 ( ) \$29,401 - \$47,050 ( ) > \$47,050
- 4 person ( ) < \$19,600 ( ) \$19,601 - \$32,650 ( ) \$33,651 - \$52,250 ( ) > \$52,250
- 5 person ( ) < \$21,200 ( ) \$21,201 - \$35,300 ( ) \$35,301 - \$56,450 ( ) > \$56,450
- 6 person ( ) < \$22,750 ( ) \$22,751 - \$37,900 ( ) \$37,901 - \$60,650 ( ) > \$60,650
- 7 person ( ) < \$24,350 ( ) \$24,351 - \$40,500 ( ) \$40,501 - \$64,800 ( ) > \$64,800
- 8 person ( ) < \$25,900 ( ) \$25,901 - \$43,100 ( ) \$43,101 - \$69,000 ( ) > \$69,000

**WORK HISTORY**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of employer \_\_\_\_\_

Current Salary \_\_\_\_\_ Number of hours you work each week \_\_\_\_\_

If not employed, when did you last work? \_\_\_\_\_

Name of employer \_\_\_\_\_

**LEGAL HISTORY**

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a Misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_ Felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either, what was the charge?

When did it occur?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you ever at a Juvenile Detention Center? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when & where \_\_\_\_\_

Were you ever at an Adult Correctional Facility? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when & where \_\_\_\_\_

Are you currently on probation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Probation Officer Name \_\_\_\_\_

Release date: \_\_\_\_\_

Are you currently on parole? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Parole Officer Name \_\_\_\_\_

Release date: \_\_\_\_\_

Have you lost voting rights? Yes \_\_\_\_\_ No \_\_\_\_\_ Did you receive intensive aftercare? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a case pending? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where, and when will a determination be made?

\_\_\_\_\_

**HEALTH**

Do you have a legal guardian? If so, please indicate Guardian Contact Information:

Contact Person \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

List others who should be contacted in the case of an emergency:

Contact Person \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Contact Person \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Contact Person \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Contact Person \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Do you have any physical, medical or health conditions that interfere with your ability to work?

Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have health insurance? Yes \_\_\_ No \_\_\_ If yes, what company? \_\_\_\_\_

Have you ever had a physical examination? Yes \_\_\_ No \_\_\_ If yes, date of last physical exam \_\_\_\_\_

Do you have a doctor? Yes \_\_\_ No \_\_\_ If yes, Dr. Name \_\_\_\_\_

Do you have any allergies? Yes \_\_\_ No \_\_\_ If yes, List \_\_\_\_\_  
\_\_\_\_\_

Are you taking any doctor prescribed medications? Yes \_\_\_ No \_\_\_ If yes, List \_\_\_\_\_  
\_\_\_\_\_

Have you ever received treatment or been hospitalized for a mental illness? Yes \_\_\_ No \_\_\_  
If yes, when and where? \_\_\_\_\_

Hearing Issues? Yes \_\_\_ No \_\_\_ Vision Issues? Yes \_\_\_ No \_\_\_

Are you pregnant? Yes \_\_\_ No \_\_\_ N/A \_\_\_ If yes, how far along? \_\_\_\_\_

Are you currently in a program or in need of counseling for an addiction such as cigarettes, alcohol or drugs?  
Yes \_\_\_ No \_\_\_ If yes, Name of program & counselor \_\_\_\_\_

How long have you maintained sobriety? \_\_\_\_\_

## EDUCATION

Name of High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

High School Diploma: Yes \_\_\_ No \_\_\_ or HS Equivalency: Yes \_\_\_ No \_\_\_ Year: \_\_\_\_\_

What is the highest grade level you completed? 1 2 3 4 5 6 7 8 9 10 11 12 (*circle one*)

If you did not complete high school or obtain an equivalency certificate, why did you drop out? \_\_\_\_\_

Are you now, or have you been enrolled in college? Yes \_\_\_ No \_\_\_ If so, name of College and hours completed or degree earned \_\_\_\_\_

If you are not in college, do you plan to go to college? Yes \_\_\_ No \_\_\_

Have you registered with the Selective Service? Yes \_\_\_ No \_\_\_ U.S. Military Service Yes \_\_\_ No \_\_\_

## TRANSPORTATION

Do you own a car? Yes \_\_\_ No \_\_\_ Do you know how to drive? Yes \_\_\_ No \_\_\_

Do you have a valid Driver's License that is not currently revoked or suspended? Yes \_\_\_ No \_\_\_

How will you get to and from Job Point each day? \_\_\_\_\_

## LIVING SKILLS

Please check all areas you would identify as weaknesses, and explain below

___ Budgeting	___ Health	___ Grooming
___ Transportation	___ Housing	___ Hygiene
___ Community Orientation	___ Household Skills	___ Cooking
___ Leisure	___ Mobility in Community	___ Sex Education/Family Planning

Explanation: \_\_\_\_\_

Who supports you with crisis? \_\_\_\_\_

Have you ever worked with Vocational Rehabilitation? \_\_\_\_\_

What other agencies are you currently working with?  
\_\_\_\_\_  
\_\_\_\_\_

What are your leisure activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment Eligibility Verification Checklist

Instructions: You will be required to provide one document from List A and check the appropriate box for which document you will bring to enroll in Job Point OR you will need to bring one document from List B AND one document from List C and check the appropriate boxes for the documents you will bring to enroll in Job Point.

List A	List B	List C
Documents that Establish Identity and Employment Eligibility	Documents That Establish Identity	Document that Establish Employment Eligibility
<p>___ 1. U.S. Passport</p> <p>___ 2. Certificate of U.S. Citizenship</p> <p>___ 3. Certificate of naturalization</p> <p>___ 4. Unexpired foreign passport with attached Employment Authorization</p> <p>___ 5. Alien Registration Card with photograph</p>	<p>___ 1. A State-issued license or a State-issued I.D. card with a photograph, or information including name, sex, date of birth, height, weight, and color of eyes. (Specify state _____)</p> <p>___ 2. U.S. Military Card</p> <p>___ 3. Other (Specify document and issuing authority)</p>	<p>___ 1. Original Social Security Number Card (other than a card stating it is not valid for employment)</p> <p>___ 2. A birth certificate issued by State, county of municipal authority bearing a seal or other certification</p> <p>___ 3. Unexpired Ins. Employment Authorization</p>

In signing this application, I submit that I have answered all of the questions accurately. I understand that entering false information on this form may be grounds for denial of entry to the program or dismissal from the program.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Guardian's Signature (if minor) Date

**\*\*\*Only to be Completed by YouthBuild/AmeriCorps Applicants\*\*\***

**CRIMINAL HISTORY CONSENT**

- A. The Youthbuild/AmeriCorps member authorizes the program to perform a criminal history check to determine if he/she meets the eligibility requirements of CNCS and the program for this AmeriCorps position. The information reviewed from this check will include but not be limited to allegations and convictions for crimes committed and will be gathered to the extent permitted by state and federal law. The results of these checks will be kept confidential and in a secure location. The member will have an opportunity to review and challenge the factual accuracy of the report before action is taken to exclude him/her from the position.
- B. This criminal history check will consist of the following:
- A check of the Missouri State Highway Patrol for the state of Missouri and, if different, for the state in which I reside/resided at the time of application.
  - A National Sex Offender Public Website (NSOPW) check and
  - A fingerprint-based FBI records check.
- C. As an applicant for an AmeriCorps member position, the member understands and acknowledges that acceptance as an AmeriCorps member is contingent upon the organization's review of one's criminal history and that **refusal** to consent to the above checks makes the member ineligible to serve. In addition:
- Anyone listed or required to be listed on a sex offender registry/website is ineligible to serve.
  - Anyone convicted of murder is ineligible to serve.
- D. Lastly, the member understands that while waiting for the results of the criminal history checks, he/she is not permitted to be unsupervised on service sites.

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**Applicant Print Name**

**Applicant Signature**

**Date**

If applicant is under 18 years old Parent or Guardian Authorization is needed

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**Signature of Parent or Guardian**

**Date**

**Parent/Guardian Name  
(Print):** \_\_\_\_\_