

Course Title: _____
Course Start Date: _____

I-001
Rev. 8/14

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 2116 Nelwood Drive, Suite 200, Columbia, MO 65202. Applications are accepted for all programs on an on-going basis. Applications received less than 2-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?

_____ Office Technology _____ Retail Sales _____ Carpentry

_____ HVAC _____ Highway/Heavy Construction

_____ Certified Nursing Assistant _____ Job Point YouthBuild

_____ 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 do you want to attend?

_____ Columbia _____ Marshall/Sedalia _____ Moberly _____ Warrensburg

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?

What will it take to reach your job goals?

What are your strengths and weaknesses?

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 _____

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?

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 any physical, medical or health conditions that interfere with your 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 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? 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

- | | | |
|--|--|--|
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Health | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Community Orientation | <input type="checkbox"/> Household Skills | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Leisure | <input type="checkbox"/> Mobility in Community | <input type="checkbox"/> Sex Education/Family Planning |

Explanation: _____

Who supports you with crisis? _____

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
____ 1. U.S. Passport	____ 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 _____)	____ 1. Original Social Security Number Card (other than a card stating it is not valid for employment)
____ 2. Certificate of U.S. Citizenship		
____ 3. Certificate of naturalization		
____ 4. Unexpired foreign passport with attached Employment Authorization	____ 2. U.S. Military Card	____ 2. A birth certificate issued by State, county or municipal authority bearing a seal or other certification
____ 5. Alien Registration Card with photograph	____ 3. Other (Specify document and issuing authority)	____ 3. Unexpired Ins. Employment Authorization

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