

# Christian Women's Job Corps® of Madison County, Inc.

600 Governors Drive  
Huntsville, AL 35801

**You must be at least 18 years old to enroll in this program. Please answer the following questions.**

Name \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box Apt. # City State ZIP Code

Birth Date \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

If you have no phone, at what number can we reach you? \_\_\_\_\_

Who referred you to this program? \_\_\_\_\_

### **Present Situation:**

Do you have any income? Yes No If yes, circle all that apply. Work Unemployment

Aid to Families with Dependent Children (AFDC) Social Security Child Support

Supplemental Security Income (SSI) Social Security Disability Income (SSDI) Spouse

Other (explain) \_\_\_\_\_

Family Status (Circle one) Single Married Divorced Widowed

Do you have children? Yes No Do your children live with you? Yes No

Names/Birth Dates of Children: \_\_\_\_\_

**CWJC does not provide childcare. Would you have childcare available while you are attending classes? Yes No NA (Note, we observe the Huntsville City Schools calendar, if your child attends school in another system, please plan accordingly)**

Do you regularly attend church? Yes No If yes, Pastor's Name: \_\_\_\_\_

Church name and location: \_\_\_\_\_

### **Health:**

Would you say your health is poor, fair, good or excellent?

Do you take any regularly prescribed medicine? Yes No If yes, what? \_\_\_\_\_

Do you have health insurance for yourself? Yes No For your children? Yes No

Have you ever had treatment for alcohol or drug abuse? Yes No

If yes, please explain when and where. \_\_\_\_\_

**Education:**

Have you graduated from high school?      Yes                  No                  Earned GED - Date      \_\_\_\_\_

Would you like to participate in the CWJC GED tutoring program?                  Yes                  No                  NA

Have you ever been enrolled in a GED program?                  Yes                  No                  NA

How many years of school (elementary, high school, college) did you complete?      \_\_\_\_\_

If you completed college, what did you study?      \_\_\_\_\_ Degree?      \_\_\_\_\_

Have you completed any training courses?      \_\_\_\_\_ If yes, name of school, type of training, date(s) completed, and certificates earned.      \_\_\_\_\_

List some of your skills (those learned from jobs, training, use of machinery or equipment).      \_\_\_\_\_

**Work History:**

Are you currently looking for work?                  Yes                  No                  If yes, what type of job?      \_\_\_\_\_

Please list past jobs you have had, starting with the most recent:

1      Job Title      \_\_\_\_\_ Date Started      \_\_\_\_\_ Date Left      \_\_\_\_\_

Name of Company      \_\_\_\_\_ Supervisor's Name      \_\_\_\_\_

Address of Company      \_\_\_\_\_

Your duties:      \_\_\_\_\_

Why did you leave this job?      \_\_\_\_\_

2      Job Title      \_\_\_\_\_ Date Started      \_\_\_\_\_ Date Left      \_\_\_\_\_

Name of Company      \_\_\_\_\_ Supervisor's Name      \_\_\_\_\_

Address of Company      \_\_\_\_\_

Your duties:      \_\_\_\_\_

Why did you leave this job?      \_\_\_\_\_

**References:**

List three persons who are **not** related to you that CWJC has your permission to contact for a reference. Please include **work** related references (coworker or supervisor).

Name      \_\_\_\_\_ Address      \_\_\_\_\_ Telephone      \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Legal:**

Do you have a DHR worker? Yes No

Name of Case Worker: \_\_\_\_\_ Phone number of Case Worker: \_\_\_\_\_

Have you ever been arrested? Yes No If yes, briefly explain. \_\_\_\_\_

Do you currently have any legal proceedings against you? Yes No If yes, please explain

Are you on probation? Yes No If yes, please explain. \_\_\_\_\_

**Future Plans:**

CWJC of Madison County works with women who want to make changes which will result in a better quality of life for them and their families. What changes would you like to make to improve your life?

What do you want CWJC to do for you? \_\_\_\_\_

**Transportation:**

**CWJC is unable to provide transportation to classes. Would you be able to provide your own transportation to classes for the entire session? Yes No**

**Check One** \_\_\_\_\_ **I will drive my car** \_\_\_\_\_ **I will ride the bus**  
\_\_\_\_\_ **I will walk** \_\_\_\_\_ **A friend/relative will provide transportation**

**Choose one: (Please note that GED tutoring is only offered at the part-time day site)**

\_\_\_\_\_ Day Class: 8:30 am to 3:00 pm, full-time, Monday through Thursday 600 Governors Dr.

\_\_\_\_\_ Day Class: 8:30 am to 2:00 pm, part time Monday/Tuesday/Wednesday 3614 Drake Ave.

\_\_\_\_\_ Evening Class: 6:00 pm to 8:30 pm, Tuesday and Thursdays 2115 Winchester Rd.

**According to CWJC policy, I will be suspended if a drug, or alcohol addiction occurs while I am participating in the Christian Women's Job Corps® of Madison County.**

Name (Printed)

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Signature

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Date

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