

PLEASE PRINT

**Work History – List all jobs held over the last 10 years
(Begin with your most recent job)**

Employer: _____ Street Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____ Full Time _____ Part Time _____
Start Date: ___/___/___ End Date: ___/___/___ Pay/hour: _____ Hrs./Week: _____
Job Title: _____ Duties & machines operated _____

Temporary Layoff	Yes	No	Permanent Layoff	Yes	No
Closure	Yes	No	Labor Dispute	Yes	No
Fired:	Yes	No	If yes, explain	_____	
Quit	Yes	No	If yes, explain	_____	

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City: _____ State: _____ Zip: _____ Phone: _____
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Fired:	Yes	No	If yes, explain	_____	
Quit	Yes	No	If yes, explain	_____	

I have additional jobs not listed here

Are you working with: (Check all agencies that apply)

Office of Rehabilitation Heritage of Behavioral Health Probation
Public Aid Decatur Housing Authority Parole Dove Social Security
Other: _____

Transportation

Are you planning to relocate? Yes No
How far would you be willing to travel to a job?
10 miles 25 miles 50 miles Other
How would you travel to work? My car Public Transportation Rely on someone else

Do you have valid drivers license? Yes No
Do you have auto insurance? Yes No

Education

Highest grade completed: _____ H.S. Diploma GED
School Attended _____ Year Degree Obtained ____/____/____

Assoc. Degree Program _____ College _____ Year _____
Bach. Degree Program _____ College _____ Year _____
Master's Degree Program _____ College _____ Year _____
Doctorate Program _____ College _____ Year _____

Are you currently attending school? Yes No
If yes, are you attending school full-time? Yes No
If yes, where and when will you complete your degree of certification? _____
Have you completed a FAFSA application? Yes No
If yes, have you been awarded a Pell grant? Yes No

Please list all certifications, degrees, and/or licenses you have earned. Please include the dates, the type of degree/certificate, and the institution's name from which they were earned: _____

Please check current concerns you may have. (Check all that apply)

Past/Present Legal Problems Family/Relationship Problems Obsolete Job Skills
Health/Disability Problems Limited English Skills Stress
Age Issues Limited Math Skills Insurance
Past/Present treatment of psychological problems/addictions Other
Have you ever been convicted of a felony? Yes No
County: _____ State: _____ Date: _____
Have you ever been convicted of a misdemeanor? Yes No
County: _____ State: _____ Date: _____

