

College & Career Program Application:

Please answer all questions completely. All information is confidential.

1. **Identifying Information**

# Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_ Name (First, MI, Last):

 Any other last names you have gone by:

Current Address:

City: State:\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:

E-mail address:

Phone #: TX Driver’s license #:

Cell #: Wk #:

DOB: Age: Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.S.#:

Person referring you to Arms of Hope:

Relationship to referring person:

Phone:

What is your religious preference?

Briefly describe your religious beliefs:

If referred by a church, please list the name of referring church:

List previous addresses beginning with the most recent:

If Arms of Hope were unable to reach you at above phone, is there an alternate number in which you can be

reached.

Do have any existing illnesses?

Please list **all** medications that you are currently take.

Have you ever been prescribed an anti-depressant, anti-anxiety or any other psychotropic medication?

Name of medicine and dosage:

Have you ever attempted suicide or had any kind of suicidal thoughts. If so, please explain

Had previous serious illness:

Have you been hospitalized in past 12 months:

List any allergies:

1. **Applicants Family Information**

Your Father’s Name:

Address:

Father’s Contact Number(s):

Your Mother’s Name:

Address:

Mother’s Contact Number(s):

List names of your siblings, address & phone #:

# Describe your relationship with your parents:

## Please list any other Supportive Relatives names and relationship:

List other individuals or agencies that are familiar with your situation:

Name/Agency Address Phone

1. **Personal Information**

Have you ever used drugs?

List type and how often

Do you smoke:

If yes, how much:

 Do you drink:

If yes, how often:

# Are you currently on probation?

If yes what for?

# Have you ever had a psychological evaluation?

# Date completed?

Who conducted the psychological evaluation?

Have you been in a psychiatric hospital?

If yes, list dates and reason for hospitalization:

# Have you ever lived in a shelter?

# If yes, when and where:

# Have you ever been in counseling?

What do you want to accomplish by coming to the College & Career Program

**Education:**

# Last grade in school completed:

Do you have a High School diploma?

Do you have a GED?

# Describe educational goals:

Have you received any loans for education at any time?

If yes, explain:

# Are you default on any loan?

# If yes, explain:

1. **Work History**

List employment, begin with most recent:

# Business name and address:

#

# Supervisor:

# Dates Employed:

#

Position:

Hourly Wage:

Monthly Pay:

Reason for Leaving:

1. **Transportation**

# Do you have a car?

# Year:

# Make:

# Model:

# License plate #:

# Running Condition:

Do you have car insurance?

Do you have a valid Texas driver’s license?

1. **Criminal History**

Have you ever been convicted of a felony classified as an offense against a person or family?

Have you been convicted of a felony classified as public indecency?

Have you been convicted of a felony violation of any law intended to control the possession or distribution of any substance classified as a controlled substance in the Texas Controlled Substance Act?

Have you been convicted of a misdemeanor classified as an offense against the person or family or as public indecency?

Unless proof of rehabilitation has been established, no person may be hired or kept employed in a position requiring contact with children if that person has been convicted.

Do you have an indictment against you?

Are there current charges pending against you?

The information contained in this application is correct to the best of my knowledge. I understand that the completion of application does not guarantee placement into the After Care Program.

Signature: Date: