



Christian Job Corps
PO Box 363
216 West Highland
Boerne, TX 78006
(830) 331-9916
www.cjcboerne.org

PARTICIPANT APPLICATION

(CJC does not release your information without permission)

Date _____

Last Name _____ First _____ Middle Initial _____

Name you prefer to go by _____

Mailing Address _____

Street Address if different _____

City _____ State _____ ZIP _____

How long have you lived there? Months _____ Years _____ Date of Birth _____ / _____ / _____
mm day year

Home phone number _____ Cell phone number _____

E-mail address _____

Drivers license number _____ State _____

Your Ethnicity _____

EDUCATION AND TRAINING

Do you have a high school diploma? ___ Yes ___ No

If yes, year of graduation _____

If no, do you have a GED certificate? ___ Yes ___ No

If no GED, is this something you want? ___ Yes ___ No

What is the highest school grade you completed? _____

What is the school's name & location?

List training programs you attended since high school.

Date(s)

WORK EXPERIENCE

Are you currently employed? ___ Yes ___ No

If yes, employer name _____

Employment location _____

What other employer(s) have you worked for?	Your Job	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Of all your jobs, which one did you like the best and why? _____

Do you currently receive any form of income? ___ Yes ___ No

If yes, where does it come from? _____

PERSONAL

Are you: ___ single ___ married ___ separated ___ divorced ___ widowed

Where do you live? ___ apartment ___ mobile home/trailer ___ house ___ shelter

Do you currently pay your share of the household expenses? ___ Yes ___ No ___ Sometimes

Who else lives with you?

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If there are more people in your household, please continue the information about them on the back of this application)

What is the annual household income from all members? _____

(This information is confidential and needed for our grant purposes only)

Do you have a car? ___ Yes ___ No If no, how will you get to CJC to attend? _____

Do you feel safe to live in your home? ____ Yes ____ No If no, please explain.

Do you attend a church, synagogue, or temple? ____ Yes ____ No If yes, what is the name & location?

What is the religious leader's name? _____

In an Emergency, who should we contact for you? Relationship _____

Name _____ Telephone Number _____

How did you hear about CWJC or CMJC? _____

How do you think our Program can help you?

MAIL COMPLETED APPLICATION TO:

Christian Job Corps
PO Box 363
Boerne, TX 78006