

WORK-READINESS PROGRAM APPLICATION

Part 1: Program Participant Application

This document includes both parts of the Work-Readiness Application (**1. Participant Application** and **2. Program Referral Form**). The Program Referral Form may be completed and submitted separately by using the Referral Form link at www.heartisans.org/our-program. Applications will not be considered complete until referral information is submitted by the organization, church, or individual who is referring potential participants to our Work-Readiness Program, unless the potential program participant is self-referred.

How to submit this form:

BY EMAIL:

Follow the directions below to submit this document as an email attachment.

- 1) Complete the PDF form in the browser and save the finished document to your device with your changes.
- 2) Email the completed document as an attachment to wrp@heartisans.org

IN-PERSON:

Follow the directions below to submit this document in person.

- 1) Do one of the following:
 - a) Complete the PDF form in the browser and save the finished document to your device with your changes. Print the finished document and bring it to Heartisans and turn it into Kendrah Tennison, Program Director.
 - b) Visit Heartisans at 3501 Gilmer Road, Longview, TX 75604 to receive a printed application and complete by hand.
- 2) Visit Heartisans 3501 Gilmer Road, Longview, TX 75604 and turn in your application in person to Kendrah Tennison, Program Director

Please do NOT submit your application through the mail.

Begin application on Page 2

1. Applicant Background Information

Today's Date: _____

Legal Full Name (First, Middle Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Ethnicity: _____ Church Affiliation (if any): _____

Emergency Contact Name & Phone #: _____

Are you a United States citizen? **YES** **NO**

If not, can you provide residency papers? **YES** **NO**

Will you be able to provide the following forms?

1. Birth Certificate: **YES** **NO** Country/State of Birth: _____

2. U.S Social Security: **YES** **NO**

3. Driver's License or State ID: **YES** **NO** Neither

Driver's License #: _____ State: _____ Expiration Date: _____

State ID #: _____ State: _____ Expiration Date: _____

Are you a smoker/vaper? **YES** **NO** If yes, are you trying to quit? **YES** **NO**

Please list any handicaps, food allergies, and/or other special needs:

2. Education Background Information

Select the highest education you have achieved: Diploma/GED Vocational Training College

Name of High School or GED Program: _____

City: _____ State: _____ Graduated/GED Year: _____

If you have education beyond High School/GED level, please complete the following:

What is the name of the college or vocational training facility you attend?

City: _____ State: _____

Enrolled from: _____ Enrolled to: _____

Did you receive a certificate or diploma from this college or training facility? YES NO

If yes, what training/degree did you receive? _____

Have you considered going back to school? YES NO

If yes, what degree would you pursue? _____

3. Previous Work Experience

List your last two employers, starting with your most recent or current employer. Include military and volunteer experience. Be as complete as possible.

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Supervisor: _____

Start Date: _____ End Date: _____

What was your job title? _____

What were your duties? _____

What was your reason for leaving? _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Supervisor: _____

Start Date: _____ End Date: _____

What was your job title? _____

What were your duties? _____

What was your reason for leaving? _____

If you could choose any career, what would it be? _____

Hobbies/Insterests? _____

4. Family Income Information

Family's Monthly Income: \$_____ (include employment, child support, SSI, unemployment and any other income sources)

Number of family members in household: _____

Number of children in household: _____

Please check the following benefits you are currently receiving:

_____ Medicaid/CHIPS	_____ Disability	Other _____
_____ Food Stamps (SNAP)	_____ TANF	
_____ Unemployment	_____ WIC	
_____ SSI	_____ CCS (Childcare Services-Texas Workforce)	

5. Current Marital/Family, Housing, and Transportation Information

Housing Arrangements Rent Own Home Homeless Family Shelter/Program

Shelter/Program Name: _____

Select One: Legally Married Single Divorced Separated Widowed Partner

Husband/Partner Name and Age: _____

Children Name(s) & Age(s): _____

Will you need childcare during your training? YES NO

Will you need transportation during your training? YES NO

Do you have any community service hours you need to complete? YES NO

If yes, what county and how many hours? _____ PO Name: _____

6. Security Information

Have you ever been convicted of a felony and/or served time in the past? **YES** **NO**

If yes, please describe below. *Note: Providing this information may or may not disqualify a person from becoming a Heartisans program participant.*

Incident Year: _____ City/State: _____

Charge: _____ Release Date: _____

If drug tested, would you pass? **YES** **NO**

Do you have any pending charges? **YES** **NO**

APPLICANT SIGNATURE

DATE

7. Disclosure and Authorization - Background Investigation/Drug & Alcohol Screening

In connection with my application for the Heartisans Work-Readiness Program, to serve as a volunteer, or as an employee with Heartisans Marketplace, I understand that a background report will be requested by Heartisans for the Work-Readiness Program, volunteer purposes, or as an employee of the organization whichever is applicable, from Active Screening, Inc., a consumer reporting agency as define by the Fair Credit Reporting Act. These reports may include information regarding my character, general reputation, personal characteristics or mode of living, whichever area is applicable. The report may also contain information about me relating to my criminal history, social security number verification, or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization if I am accepted into the Work-Readiness Program, to serve as a volunteer or a hired employee of the organization, whichever is applicable, throughout the course of my training, volunteer service, or employment as permitted by law unless revoked by me in writing. Heartisans also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Heartisans. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Active Screening, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5580. For more information about Active Screening's privacy practices, see www.activescreening.com. In addition to my background investigation, I authorize Heartisans Marketplace to conduct random drug/alcohol screenings at any time and without notice while in the Heartisans' Work-Readiness Program, while serving as a volunteer, or an employee. Refusal to submit a drug/alcohols screening could result in removal from the program, serving as a volunteer, or termination of employment.

8. Acknowledgement and Authorization

By signing below, I authorize Heartisans to obtain or prepare a background check using my personal information given below and submit to drug and alcohol screening.

APPLICANT SIGNATURE

TODAY'S DATE

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY

COUNTY

STATE

ZIP

SOCIAL SECURITY #

DL OR STATE ID #

STATE ISSUED

EMAIL ADDRESS

For identification only, please provide **DATE OF BIRTH** _____

Please list other names used (married name, maiden name, etc.): _____

WORK-READINESS PROGRAM APPLICATION

Part 2: Program Referral Form

The following should be completed by the Referring Organization and submitted with Part 1 - Program Participant Application documents. The Program Referral Form may be completed and submitted separately by using the Referral Form link at www.heartisans.org/our-program

If you are an individual applying for the Heartisans Work-Readiness program on your own without a referral, skip this section and submit your application.

1. Referral Organization Information

Name of woman you are referring:

Your Organization/Church Name:

Director/Pastor's Name:

Organization Address: City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

Name of person writing referral: _____

Position at referring organization:

Relationship to applicant:

How long have you known the applicant?

How do you assess the applicant's character and moral integrity?

1. Referral Organization Information (Cont'd.)

What specific needs does the applicant have that you are aware of? _____

In your opinion, how serious is the applicant about completing the training and establishing a career?

Why do you feel the applicant is a good fit for Heartisans program? _____

Anything else we should know about the applicant?

End of Work-Readiness Program Application