

EMPOWERMENT VILLAGE

Candidate Application



APPLICANT INFORMATION

Last Name				First			M.I.	Date	
Street Address If Applicable							Apartment/Unit #		
City				State			ZIP		
Phone				E-mail Address					
Dependent/s	Name	Age	Name	Age	Any previous school issues				
If yes please explain:									
Is biological father still in contact		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do dependents have a social worker			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any previous history of Drug/Alcohol abuse		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					

EDUCATION

High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list two professional references. Example: Pastor, Teacher or Mentor

Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

PLEASE LIST ALL INCOME

Financial Assistance	Monthly income \$
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Employment

From	To	Reason for Leaving
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May we contact your supervisor for a reference? YES NO

Supervisor	Phone
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Job Title

PERSONAL INFORMATION

Please tell us about yourself and how this program will work for you.

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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to candidate acceptance, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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