|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Worker Information** | | | | | | |
| First Name | Middle Int. | | Last Name | | | |
|  | | | | | | |
| Address | Apt. Number | City | | State | Zip Code | |
|  |  |  | |  |  | |
| Date of Birth | Email | | | Phone Number (Cell) | | |
|  |  | | |  | | |
| Phone Number (Home) | Community Service Hours Needed: | | | |  | |
|  |
| Have you ever been convicted for a Sexual Crime? \*\* | | | | | Yes | No |
|  |  |
| Have you ever been convicted for an Assault Charge? \*\* | | | | | Yes | No |
|  |  |
| Are you a Christian Men’s/Womens Job Corps® Alumni? | | | | | Yes | No |
|  |  |
| Probation Officer Contact Information | | | | | | |
| Name | | Phone Number | | City/State | | |
|  | |  | |  | | |
| Please Indicate Any Trade or Work Skills That You Have: (Ex. A/C, Plumbing, Construction, Flooring, Landscaping, Etc.) | | | | | | |
|  | | | | | | |



(\*)Information Required For Insurance Purposes

**I attest that I have reviewed this information for errors, before signing, and that all the information provided on this application is both correct, and true, and I do hereby authorize CMJCSM, or its agent, to verify any and all the above information with the governing authorities mandating the stated community service hours.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**