



ElevateLebanon.org

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STUDENT APPLICATION

\$20 Application Fee must be paid when application is submitted.

(Application fee includes all class materials, supplies, transportation, childcare and food)

Referred by: _____

"We provide the tools - you provide the change."





APPLICATION BACKGROUND INFORMATION

STUDENT APPLICATION

First Name _____ Last Name _____

Address _____ Gender Male Female

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail _____

Facebook Account Email (If Different From Above) _____

Birth Date _____ 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

2. U.S. Social Security Card Yes No

3. Driver's License Yes No

Or Non-Driver ID Yes No

Please List Any Handicaps, Food Allergies, Or Other Special Needs. _____

TRAINING INFORMATION

Will You Need Child Care During Your Elevate Work Training? Yes No

If So, Please List Their Names And Ages. _____

Will You Need Transportation During Your Elevate Work Training? Yes No

What Is Your Present Job Objective? _____

Other Hobbies And Interests: _____

The following information is used to assist in pairing you with a mentor.

EDUCATIONAL BACKGROUND INFORMATION

What Is The Highest Grade You Have Completed? _____

High School Name: _____

High School City & State: _____ Did You Graduate? Yes No

If Yes, What Year Did You Graduate? _____

If you have received education training beyond High School or GED (HiSET) level complete the following:

What Is The Name Of The College Or Vocational Training Facility You Attended?

Did You Receive A Certificate Or Diploma From This College Or Training Facility? Yes No

If Yes, What Training/Degree Did You Receive? _____

SECURITY

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 will not disqualify a person from becoming a Elevate Work participant.

INCIDENT 1:

Describe The Charge: _____

In What Year Did The Incident Occur? _____

In What City & State Did The Incident Occur? _____

What Was The Conviction, And How Long Were You Incarcerated? _____

INCIDENT 2:

Describe The Charge: _____

In What Year Did The Incident Occur? _____

In What City & State Did The Incident Occur? _____

What Was The Conviction, And How Long Were You Incarcerated? _____

Are You Willing To Take A Drug Test? Yes No

Answering "No" will not disqualify a person from becoming a Elevate Work participant.

Are You Currently On Probation? Yes No

Please share your probation office's name and contact information: _____

CURRENT EMPLOYMENT STATUS

Check All That Apply: Unemployed Full-Time Job Part-Time Job
 Public Welfare Recipient Disability SSI

Do You Have Children? Yes No Do You Pay Child Support? Yes No

Housing Arrangements: Rent Apartment Rent House Own Home
 Homeless Motel Other

If Other, Please Explain: _____

PREVIOUS WORK EXPERIENCE

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

EMPLOYER 1 (MOST RECENT)

Business Name _____

City, State _____ Business Phone Number _____

Start Date _____ End Date _____

What Is/Was Your Job Title? _____

What Are/Were Your Duties? _____

If You Are No Longer Employed Here, Why Did You Leave? _____

EMPLOYER 2

Business Name _____

City, State _____ Business Phone Number _____

Start Date _____ End Date _____

What Is/Was Your Job Title? _____

What Are/Were Your Duties? _____

If You Are No longer Employed Here, Why Did You Leave? _____

EMPLOYER 3

Business Name _____

City, State _____ Business Phone Number _____

Start Date _____ End Date _____

What Is/Was Your Job Title? _____

What Are/Were Your Duties? _____

If You Are No longer Employed Here, Why Did You Leave? _____

THIS PAGE FOR REFERRING CHURCH/ORGANIZATION/INDIVIDUAL USE ONLY.

(If no referral, leave blank.)

Church/Organization/Individual Name _____

Address _____ City, State _____

Phone/Fax: _____ Pastor/Director's Name _____

EVALUATION CHECKLIST

Name Of Person Completing Evaluation _____

Phone _____ Position At Referring Organization _____

E-Mail _____ Relationship To Applicant _____

How Long Have You Known This Applicant? _____

In Your Opinion, How Serious Is This Applicant About Completing The Training And Establishing
A Career? _____

How Do You Assess The Applicant's Character And Moral Integrity? _____

Will Additional Training Benefit The Applicant?

Adult Literacy

GED

Computer Skills

Other

Please Describe _____

What Other Needs Does The Applicant Have (e.g. substance abuse counseling, health problems,
English language training, etc.)?

Do You Recommend This Applicant For Program Participation? Yes No

If So, Why? _____