

NWOLM - APPLICATION

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

NEXT OF KIN: NAME: _____ PHONE (_____) _____

3. _____ 4. _____

1. _____ 2. _____

DEPENDENT CHILDREN (NAME & AGES)

WIDOWER _____

MARITAL STATUS NOW: SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____

ZIP CODE: _____ PHONE: (_____) _____

STREET OR P.O. BOX _____ CITY _____ STATE _____

JAIL/PRISON _____ ID # _____ CELL/BLOCK _____

RACE: ASIAN _____ BLACK _____ CAUCASIAN _____ HISPANIC _____ OTHER _____

SOCIAL SECURITY NUMBER: _____ GENDER: MALE _____ FEMALE _____

ARE YOU A U.S. CITIZEN: YES _____ NO _____ REFERRED BY: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

APPLICANT'S NAME: _____ DATE: _____

I. PERSONAL INFORMATION

NOTE TO APPLICANT: The more we know about you, the better we can help you. Also, some information, such as the fact that you are an ex-offender, must be shared with prospective employers.

APPLICATION FOR The Cornerstone House Tel: 404-934-3176 Fax: 404-286-4754		COMPLETE AND RETURN TO: New Way Of Life Ministry, Inc. The Cornerstone House P.O. Box 274 Scottdale, Ga 30079
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NEW WAY OF LIFE MINISTRIES, INC. APPLICATION



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DATE _____ CHARGE _____ JAIL/PRISON _____ HOW LONG _____

PREVIOUS INCARCERATIONS

III. JAIL & PRISON HISTORY (NOTE: IF CHARGES ARE NOT PROVIDED WE CANNOT PROCESS YOUR APPLICATION)

11. DO YOU SMOKE ? YES _____ NO _____ OCCASIONALLY _____

EXPLAIN: _____

10. DO YOU DRINK ALCOHOL? YES _____ NO _____ OCCASIONALLY _____ SOCIALLY _____

HOW LONG? _____

IF YES, LIST NAME AND DOSAGE: _____

9. ARE YOU PRESENTLY TAKING ANY MEDICATIONS? YES _____ NO _____

POOR _____ FAIR _____ GOOD _____ EXCELLENT _____

8. IN YOUR OPINION, WHAT IS THE STATE OF YOUR PHYSICAL HEALTH?

7. WHAT IS YOUR WEIGHT ? _____ HEIGHT? _____

DATE _____ WHERE? _____ HOW LONG? _____

HAVE YOU EVER BEEN COMMITTED TO A PSYCHIATRIC INSTITUTION OR HOSPITAL? YES _____ IF YES, LIST BELOW _____ NO _____

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1. WHAT (LEGAL) JOBS HAVE YOU HELD OUT OF JAIL? (MOST RECENT FIRST)
 COMPANY NAME SALARY/HOURLY HOW LONG?

VI. EMPLOYMENT HISTORY

7. LIST AWARDS AND OFFICES HELD WHILE IN SCHOOL

6. LIST OTHER SPECIALIZED TRAINING YOU HAVE HAD

5. HAVE YOU ATTENDED ANY TRADE SCHOOLS ?

4. COLLEGE GRADUATES LIST DEGREE(S)

3. YEAR OF GRADUATION FROM HIGHEST LEVEL OF EDUCATION COMPLETED

COLLEGE (CIRCLE YEAR) 1 2 3 4 POST GRADUATE
 GRADE SCHOOL JUNIOR HIGH HIGH SCHOOL G.E.D.

2. PLEASE INDICATE THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED

1. DO YOU READ AND WRITE ENGLISH? YES NO WHAT GRADE LEVEL ?

V. EDUCATION

EXPLAIN

10. WERE YOU EVER COURT-MARTIALED? YES NO

9. WHAT AWARDS AND DECORATIONS DID YOU RECEIVE?

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1. NAME _____ OCCUPATION _____
 ADDRESS _____ PHONE (____) _____

2. NAME _____ OCCUPATION _____
 ADDRESS _____ PHONE (____) _____

CHARACTER REFERENCES

1. NAME _____ OCCUPATION _____
 ADDRESS _____ PHONE (____) _____

2. NAME _____ OCCUPATION _____
 ADDRESS _____ PHONE (____) _____

VIII. REFERENCES

1. SOCIAL SECURITY? \$ _____
 2. VETERAN'S BENEFITS \$ _____
 3. DISABILITY \$ _____
 4. OTHER \$ _____

5. DO YOU RECEIVE ANY OF THE FOLLOWING ASSISTANCE ?

IF YES, YEAR _____ MAKE _____ MODEL _____

4. DO YOU OWN A CAR? YES _____ NO _____

IF YES, EXPLAIN _____

3. HAVE YOU EVER DECLARED BANKRUPTCY? YES _____ NO _____

2. MONTHLY CHILD SUPPORT AND/OR ALIMONY PAYMENT(S) _____

1. DO YOU HAVE FAMILY TO HELP YOU FINANCIALLY? YES _____ NO _____

VII. FINANCIAL INFORMATION

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NOTE: PLEASE ENCLOSE A RECENT PHOTOGRAPH IF AVAILABLE.

(SIGNATURE)

(DATE)

I DECLARE BY MY SIGNATURE BELOW THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE.
I AUTHORIZE YOU TO RELEASE WHATEVER INFORMATION IN THIS APPLICATION YOU MUST ABOUT MY PART IN ORDER TO ASSIST ME UPON MY RELEASE FROM JAIL/PRISON.

3. WHAT COMMENTS WOULD YOU LIKE TO MAKE ABOUT YOURSELF, A JOB, OR HOW WE CAN BEST HELP YOU FIND THE JOB MOST SUITED TO YOUR EXPERIENCE, TALENT, EDUCATION AND DESIRES?

2. BRIEFLY DESCRIBE YOUR GOAL IN LIFE:

- | | |
|----------------------------------|-------|
| LOYALTY | _____ |
| TRUSTWORTHINESS | _____ |
| ENTHUSIASM | _____ |
| TEACHABLE | _____ |
| SELF-CONFIDENCE | _____ |
| POSITIVE THINKER | _____ |
| SELF-STARTER | _____ |
| LEADERSHIP | _____ |
| PROVEN MOTIVATOR | _____ |
| GOOD ORGANIZER | _____ |
| DECISION MAKER | _____ |
| DEPENDABILITY | _____ |
| RELATE WELL WITH OTHERS | _____ |
| WILLING TO WORK TO DESIRED GOALS | _____ |
| SERVICE ORIENTED | _____ |
| MAKE GOOD FIRST IMPRESSION | _____ |
| ABILITY TO SUCCESSFULLY | _____ |
| COMMUNICATE MESSAGES | _____ |

1. PLEASE CONSIDER THE FOLLOWING AND EVALUATE YOURSELF ON THE FOLLOWING CHARACTERISTICS USING A SCALE OF 1 TO 10 (10 BEING THE HIGHEST).

X. SELF EVALUATION