

Transformations Student Investigator Application

Name: _____ Male ☐ Female ☐

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (specify home/cell): _____ Email: _____

Social Security #: _____ Date of Birth: _____

Race: _____ Church Affiliation (if any): _____

Commitment and Identification Documentation:

If you are applying for the ADULT Transformations course, are you willing to commit to 20 weeks of initial training and following up with completion of the plan you develop for the remainder of the 18 months? Yes ☐ No ☐

If you are applying for the YOUTH Transformations course, are you willing to commit to 25 weeks of training to include the Powered for Life course and the Generation Change finance course (not counting holidays)? Yes ☐ No ☐

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. US Social Security Card | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Driver's License | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Or Non-Driver ID | | |

Educational Background Information:

Circle the highest grade achieved: 4 5 6 7 8 9 10 11 12/GED Vocational Training College

Name of High School _____ City/State _____

Enrolled from Year _____ to Year _____ Graduated? Yes ☐ No ☐

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

What is the name of the college or vocational training facility you attended (use additional sheets if necessary)?

Training Facility/College Name

Enrolled from _____ to _____

Did you receive a certificate or diploma from this college or training facility? Yes ☐ No ☐

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

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Work Experience:

Check all that apply:

Unemployed ☐

Full-time job ☐

Part-time job ☐

Public welfare recipient ☐

List your last four employers, starting with your most recent or current employer. Include military and volunteer experience. Be as complete as possible. Current Wage (optional): _____

Business Name: _____

Address: _____

Phone: _____

Start Date: _____ End Date: _____

What is/was your job title? _____

What are/were your duties? _____

Who is/was your supervisor? _____

If you are no longer employed here, why did you leave? _____

Business Name: _____

Address: _____

Phone: _____

Start Date: _____ End Date: _____

What is/was your job title? _____

What are/were your duties? _____

Who is/was your supervisor? _____

If you are no longer employed here, why did you leave? _____

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Security:

Are you willing to have a background check done?

Yes ☐ No ☐

Have you ever been convicted of a felony and/or served time in the past?

Yes ☐ No ☐

Have you ever been convicted of a misdemeanor 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 Transformations participant, but we want to make sure we support you appropriately during the program and at graduation.*

Incident	Year	City, State	Charge & Release Date

Do you have any current or past substance abuse issues?

Yes ☐

No ☐

(Answering "Yes" will not disqualify a person from becoming a Transformations participant, but we want to make sure we support you appropriately during the program and at graduation.)

Are you willing to take a drug test?

Yes ☐

No ☐

(Answering "No" will not disqualify a person from becoming a Transformations participant, but we want to make sure we support you appropriately during the program and at graduation.)

Do you have any current or past involvement with Mental Health Services?

Yes ☐

No ☐

(Answering "Yes" will not disqualify a person from becoming a Transformations participant, but we want to make sure we support you appropriately during the program and at graduation.)

Current Marital/Family/Housing Status:

Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐

Do you have children? Yes ☐ No ☐ If yes, how many and list ages? _____

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

If other, please explain _____

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Transformations Training Information:

Will you need childcare during Transformations?

Yes ☐

No ☐

If yes, at your interview, please complete the child information cards for each child ages birth to eleven years old.

Will you need transportation to/from Transformations?

Yes ☐

No ☐

Please list any physical handicaps or other special needs.

What is your reason for participating in Transformations?

What is your present job objective?

What are you good at being or doing?

Other hobbies and interests:

Transformations Applicant Signature

Date

For Ministry Use Only

Method of Contact

Date

Response