



ElevateBranson.org

Contact Donna at 417.527.1709 or
email DonnaMcConkey@ElevateBranson.org

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? _____