

Are you sick and tired of being sick and tired? The Jobs Partnership LIFE & WORK class is a unique model of collaboration between local churches, businesses, and community organizations designed to inspire and equip people for success in life and work. **Next class dates: TO BE ANNOUNCED**



The Church provides:

- A safe place to learn
- Inspiring Instructors
- Faith-based curriculum
- Trained mentors & job counselors for support

The Community Partners offer:

- Expert employability skills instructors
- Vouchers for continuing education
- Transportation Assistance
- Removal of barriers to employment

The Businesses offer:

- Commitment to recruit qualified program graduates
- Access to job listings for career path opportunities
- Better than average starting wages plus benefits
- Recruiting at LIFE & WORK Job Fair

The LIFE & WORK class meets Tuesday & Thursday, 6:30-8:30 pm and includes homework assignments, small group discussion and mentoring. Attendance is a requirement for graduation and access to services. The training program consists of two distinct curricula:

The **LIFE** class teaches Biblical “soft skills” for success at work. Class participants are expected to complete a weekly assignment from the workbook in preparation for relevant instruction and small group discussion on topics:

Class topics include:

- Who Am I?
- Relationships
- God and Work
- Authority
- Attitude
- Integrity
- Communication
- Conflict
- Stewardship
- Excellence

The **WORK** class teaches the required “employability skills” for success in finding and keeping a job. Community Partners provide qualified instructors and access to resources that will facilitate a successful job search.

Class topics include:

- **Career Assessment**
- **Career Fair**
- **Individual Employment Plan**
- **Resume Preparation**
- **Job Search Strategies**
- **Interviewing Techniques**
- **Mock Interviews**
- **Dressing for Success**
- **Job Fair**
- **Next Steps**



Applicant Information: General Career Track Other _____

PLEASE PRINT

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Date of birth: ____/____/____ Age: _____ Social Security #: ____/____/____ Gender: Male Female
 Home Phone #: _____ Cell Phone #: _____
 Email Address: _____
 Emergency Contact Person _____ Relationship _____ Phone _____
 Drivers License #: _____ State: _____ Expiration Date: _____
 Are you a United States citizen? Yes No *If No, can you provide proof of residency?* Yes No
 Alien Registration #: _____ Expiration Date: _____
 Ethnic Origin: White-Caucasian African-American Hispanic Multi-Racial Bi-Racial
 Native-American Asian, Pacific Islander Other _____
 Marital Status: Single Married Divorced Separated Widowed
 Number of children living with you under age 18: _____ Spouse's Name: _____

Children's Names	Age	Gender	Name of School Attending?	Grade

Do you have the following? 4C Child Care Yes No Head Start Yes No Other child care _____
 Are you receiving any financial assistance (TANF)? Yes No Other: _____
 Housing Status: Rent Apartment Rent House Own Home Homeless Other: _____
 Transportation: Own a Car? Yes No *If no, how will you get to work:* Bus Motorcycle Bicycle Borrow Car
 Do you have a Social Worker? Yes No Name of Soc. Worker: _____
 Community Center Name: _____ Phone No: _____
 Do you have family support in the area? _____



Jobs Partnership Training Information: Tell us about your career and educational **goals** by checking the appropriate boxes:

<input type="checkbox"/> GED completion	<input type="checkbox"/> Promotion where you are Already Employed
<input type="checkbox"/> ESOL classes (English for Students of Other Languages)	<input type="checkbox"/> Part-Time/Temporary Employment
<input type="checkbox"/> Vocational Training	<input type="checkbox"/> New or First Time Employment
<input type="checkbox"/> Enroll in college	<input type="checkbox"/> Additional Employment (2 nd job)
<input type="checkbox"/> Degree completion	<input type="checkbox"/> Desire to own a business
What is your primary language? _____	Do you speak any other languages? _____

Please tell us why you would like to participate in the Jobs Partnership Program:

Referral Information

Who referred you to The Jobs Partnership of Florida? (Name of Person/Organization)

<input type="checkbox"/> Church _____	<input type="checkbox"/> Organization _____
<input type="checkbox"/> Social Worker _____	<input type="checkbox"/> Head Start _____
<input type="checkbox"/> Family Member _____	<input type="checkbox"/> Friend _____
<input type="checkbox"/> Co-worker _____	<input type="checkbox"/> Previous JP Graduate _____
<input type="checkbox"/> School _____	<input type="checkbox"/> Employer _____
<input type="checkbox"/> Other _____	

By signing below, I certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that the information will be verified and that untruthful or misleading answers are cause for rejection of this application or dismissal from the program.

I also acknowledge that by signing below I must maintain a clear mind throughout the Jobs partnership program, free of chemical or other substances. I agree to seek help from the leadership team, pastor, or Jobs Partnership team when I need counseling or assistance with substance or other abusive challenges. **Include a copy of your Driver's license or Florida ID card, birth certificate and/or social security card with this application. Completed applications should be faxed or mailed to the address listed below.**

_____ **Applicant Signature** _____ **Date Signed**

FOR INTERNAL JP USE:

Readiness Scale of (1 now– 5 later): (check one) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Comments:
