**APPLICANT PERSONAL INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | | | | | Date of Birth | |
| Address: (Street, if homeless state “None”) | | | City | | | Zip Code  Click or tap here to enter text. |
| Phone Number | | | | Email address | | |
| Are you a veteran of the U.S. armed forces?  Yes No | | | | Are you homeless  Yes No | | |
| Drivers License Number | | | | | | |
| Sex | Height | Weight | | | | Marital Status  Married  Divorced  Not Married  Separated  Widowed |
| Eye Color | Hair Color | Race | | | |
| Please write a detailed purpose and goal regarding why you would fit our program. | | | | | | |

**SENTENCE AND PROBATION INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a crime? No Misdemeanor  Felony | | | |
| Dates Sentenced | Case numbers | | Length of Sentence |
| Do you have any pending charges? Yes No  If yes, list open case numbers with jurisdiction  **(ANY sexual convictions will disqualify you from acceptance into this program)** | | | |
| Are you currently on probation/parole? Yes No  If yes, what conviction(s) does it pertain to? | | | |
| Parole Agent’s Name | | Affiliated County | |
| Are you currently employed? Yes No  If yes, please state the company name, address, and dates of employment.  Please list previous employment for the last 5 years. | | | |

**PRIMARY EMERGENCY CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact’s Name: | | Relationship: | |
| Address: | City | | Zip Code |
| Phone Number | | | |

**SECONDARY EMERGENCY CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact’s Name: | | Relationship: | |
| Address: | City | | Zip Code |
| Phone Number | | | |