**APPLICANT PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name  | Date of Birth  |
| Address: (Street, if homeless state “None”)  | City  | Zip CodeClick 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 [ ] NoIf 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 [ ] NoIf yes, what conviction(s) does it pertain to?  |
| Parole Agent’s Name  | Affiliated County  |
| Are you currently employed? [ ] Yes [ ] NoIf 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  |