

**Personal Data**

Referral Source _____ Application Date _____

Name _____
First MI LastAddress _____
Street/Box City Zip Code

Phone number: _____ Email Address _____

Birth Date: _____

Gender: Female Male Are you a Veteran? Yes NoEthnic Background: Native American/Alaska Native Hawaiian Native/Pacific Islander Caucasian Asian African American Hispanic/Latina OtherMarital Status: Single Separated Divorced Married Widowed

Dependent Children _____ Ages of Children _____

Annual Household Salary: _____

Amount of Child Support: _____ Amount of Public Assistance: _____

In order to qualify for 3 Cups of Coffee®, you must meet **all** of the following requirements. Please check the line to indicate that you have met the qualification:

_____ Have a minimum of a high school diploma or GED;

_____ Have basic computer skills, reliable internet access, and a professional-looking email address;

_____ Have a reliable source of transportation;

_____ Be in the process of having her record expunged if she has a criminal record;

_____ Have specific career goals and/or a desired job sector identified;

_____ Be highly motivated to find employment and committed to completing the three mentoring sessions of the program;

_____ Have a current completed resume; and

_____ Have a professional demeanor, positive attitude, and respectful behavior toward program staff and volunteer mentors.

Work and Educational Data

Education (highest grade completed): _____

HS Diploma: Yes No GED Yes No Year of GED/Diploma _____

yrs completed college: _____ Major _____

Degree Yes No Year Graduated _____ College Name _____

Vocational/Enrichment Training (# yrs completed: _____ Curriculum _____

Name of Vocational/Enrichment School: _____

Are you currently employed? Yes No If yes, Full Time Part Time

Place of Employment: _____ Position: _____

Work History (Please list previous two jobs and/or attach a current resume)

Dates	Employer	Job Title	Reasons for Leaving

Employment Goals

What type of work do you want to do (job sector/industry)? Be specific.

What are the barriers? _____

List your work-related skills and/or hobbies:

Physical Health

Excellent Good Fair Poor

Do you have any physical limitations that may interfere with your ability to perform certain types of work?

Yes No

If yes, please explain: _____

I am serious about participating in the 3 Cups of Coffee™ Program and will comply by the rules of the Program.

I am an ex-offender or have addiction problems.

Signature of Applicant _____ Date _____

Please direct all questions and return this form to: Jill Beres, Workforce Development Manager, jberes@britepaths.org, office 703-273-8829 ext. 102 fax 703-273-713

