PERSONAL AND CAREER DEVELOPMENT CLASS APPLICATION

Class Dates:_____Class hours are Monday through Friday from 9:00a.m.- 4:00p.m.

Please fill in this form completely and honestly. This information will be kept confidential and helps us determine what you need from HopeWorks. Please mail it back to us at the address below when completed. Thank you for your interest.

Name:_____Date:_____

Address:_____ Zip:_____

Phone:_____ Age:_____ Sex:_____

Highest Grade Completed:_____

Any Additional Education: _____

Marital Status:_____ Do you take any medication?_____

Have you ever been convicted of a crime? _____
If so, please describe the crime and the sentence: _____

Has substance abuse been a problem for you in the past?
_____

Is substance abuse a problem for you now?
_____

Are you currently employed?_____

Where does your income come from?
_____

For 13 weeks you will need to be in class every Monday through Friday from 9:00 a.m. to 4:00 p.m. What things will interfere with you being here all the time?
_____

Name two or three things in your life that are very important to you right now:

_____

_____

Please fill out and return this application to:
HopeWorks Inc., 1930 Union Ave, Memphis, TN 38104