

reintegrate

— APPALACHIA —

Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Are you a resident of WV?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to meet the program requirements? (see attached)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a driver's license or reliable mean of transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a misdemeanor or felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain: _____					
Have you recently completed or currently enrolled in a treatment program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Completion: _____		
Name of treatment center and primary counselor: _____					
What type of work interests you? _____					
What are your educational or career goals? _____					

Education

High School:		Address: _____			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma: _____
College:					
College:		Address: _____			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
Other:					
Other:		Address: _____			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____



Funded by Appalachian Regional Commission (ARC)
 POWER (Partnerships for Opportunity and Workforce and
 Economic Revitalization) Initiative



Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Please send completed application to Maggie Wolfe at maggie@westvirginiasoberliving.com



Funded by Appalachian Regional Commission (ARC)
 POWER (Partnerships for Opportunity and Workforce and
 Economic Revitalization) Initiative

