

APPLICATION FOR ADMISSION

I.	<u>GENERAL</u>	Tod	Today's Date:		
1.	Name:First				
2.	Present Address:	Middle	Last		
3.	Stree	t City SS Number:	State	Zip	
4.	Another Phone :()	Friend/Relative Name:			
5.	Referred to Transformation Projec	:t by:			
6.	Attorney:Name	Name		Relationship	
	Name	Phone Ad	ldress		
II.	<u>PERSONAL</u>				
1.	Birth date://				
2.	Are you eligible to work in the United States? Yes No				
3.	Last grade completed:		GED? Yes	No	
4.	Served in any branch of the militar	y? Yes No Type	e of discharge?		
III.	<u>LEGAL</u>				
1.	What criminal charges are pending?				
2.	Do you have previous convictions? Yes Number No				
3.	If yes, what were the charges?				
IV.	WORK EXPERIENCE				
1.	Previous jobs:				
2.	Job skills:				

ruling, attend all classes including the community service details two Saturdays each month for six months' Yes No	V.	FAMILY/RESIDENCE				
Court ordered to pay child support? Yes No 3. Do you plan to return to the above address after your release? Yes No 4. If no, what other address? House/Apt. # Street	1.	Single Married Separated Divorced Common law Widowed Remarried				
4. If no, what other address? House/Apt. # Street City State Zip VI. TRANSPORTATION 1. Do you have a valid driver's license? Yes No Do you have a vehicle for classes/work? Yes No 2. Do you live on a bus line? Yes No Do you have available transportation for evenings/Saturdays? Yes No VII. HEALTH 1. Is there any medical reason that would prohibit your safe participation in this program? Yes No 2. Are you currently using drugs or alcohol? Yes No VIII. CONSENT 1. If your application is approved, are you willing to sign Consent or Release forms for Medical Information, Criminal Records, Photo Use, Confidential Information, Treatment, including random drug test etc?: Yes No 2. If your application is approved, are you willing to sign a Participant's Agreement to abide by the couruling, attend all classes including the community service details two Saturdays each month for six months' Yes No 3. I understand that non-compliance and falsifying any documents with the Transformation Project ma result in the termination of my participation and my return to jail. It is mandatory that my absenteeism is reported to the District Attorney's office and to the Police Department/County Sheriff's Department which my absentee is the proper in the police of the police	2.	Do you have any children? Yes Number No Court ordered to pay child support? Yes No				
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Signature Application Assistant	Signat	ure Application Assistant				