



Fresh Start Training Center

Providing Biblical Solutions for Personal Struggles!

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www.freshstarttrainingcenter.org

Therefore if any man be in Christ, he is a new creature: old things are passed away; behold, all things are become new. II Cor. 5:17

APPLICATION (Personal Data Information)

We really do appreciate & thank you for giving us the opportunity to serve you and for taking the time to fill out this application for an interview at the Fresh Start Training Center. Here are a few things that we would like for you to keep in mind as you fill this out.

1. This is a confidential information form, to help us better understand who you are and why you would want to come here for an interview.
2. Please use Black or Blue ink pen to fill this out. No pencils please!
3. This application **MUST** be filled out in its entirety by the applicant themselves.

IDENTIFICATION DATA:

Your name _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Occupation: _____ Cell Phone _____

Email Address _____ Fax _____

Sex _____ Birth Date _____ Age _____ Height _____

Nationality or Ethnic Background: _____

Marital Status: Single ____ Going Steady ____ Married ____ Separated ____ Divorced ____ Widowed ____

Education: (Circle last year completed)

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 5 6+

Other training (list type and years) _____

What job skills do you have? _____

Referred here by _____ Address _____

PERSONALITY INFORMATION:

Circle any of the following words which best describe you now:

Active	Ambitious	Self-confident	Persistent	Nervous
Hardworking	Impatient	Impulsive	Moody	Often-blue
Excitable	Imaginative	Calm	Serious	Easy-going
Shy	Good-natured	Introvert	Extrovert	Likeable
Leader	Quiet	Hard-Hearted	Submissive	Lonely

Sensitive Self-conscious Other _____

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MARRIAGE INFORMATION: (If you are not married, check _____ and omit this section)

Name of spouse _____ Address _____

Your spouse's age _____ Education (years) _____ Religion _____

Home Phone _____ Occupation _____ Cell Phone _____

Is spouse willing to come for counseling? Yes _____ No _____ Uncertain _____

Have you ever been separated? Yes _____ No _____

Have either of you ever filed for divorce? Yes _____ No _____ When? _____

Date of this marriage: _____

Your ages when married: Husband _____ Wife _____

Length of steady dating with spouse: _____ Length of engagement: _____

Give brief information about any previous marriages: _____

Broken by divorce _____ Death _____

INFORMATION ABOUT CHILDREN: *Check the first column if child is by a previous marriage or out of wedlock.

*PM *OW	Name	Age	Sex	Living Yes / No	Education (in years)	Marital Status

RELIGIOUS BACKGROUND:

Church attended in childhood: _____

Current church you attend: _____ Denomination: _____

Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Baptized? Yes _____ No _____ Religious background of spouse (if married): _____

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you pray to God? Never _____ Occasionally _____ Often _____

Are you saved? Yes _____ No _____ Not sure what you mean _____

How much do you read the Bible? Never _____ Occasionally _____ Often _____

Explain recent changes in your religious life, if any _____

PARENTAL FAMILY HISTORY:

If you were reared by anyone other than your own parents, briefly explain: _____

Answer this section describing your own parents or parent substitute: (Circle name if deceased)

Father _____ Mother _____ Substitute _____

Religious affiliation Father _____ Mother _____

Church attendance per month : 1 2 3 4 5 6 7 8 9 10+ / 1 2 3 4 5 6 7 8 9 10+

Occupation: Father _____ Mother _____

Are your parents still living together? Yes _____ No _____

If not, cause of separation: _____ When? _____

Rate your parents' marriage: Unhappy _____ Average _____ Happy _____ Very Happy _____

As a child, did you feel closest to your ... Father _____ Mother _____ Another _____

Rate your childhood life: Very Happy _____ Happy _____ Average _____ Unhappy _____

How many siblings do you have? _____ Brothers older than you _____ Sisters older than you _____

LEGAL HISTORY:

Do you have a valid form of identification Yes _____ No _____ If Not, why? _____

Do you have any pending legal issues? Yes _____ No _____ If So what? _____

Have you ever been arrested? Yes _____ No _____ What For? _____

Are you on Probation? Yes _____ No _____ Are you on a sex offender list? Yes _____ No _____

Do you have any housing restrictions involving minors? Yes _____ No _____

HEALTH INFORMATION:

Rate your physical health (check): Very Good _____ Good _____ Average _____ Declining _____ Other _____

Your Approximate weight _____ lbs. Recent weight changes: Lost _____ Gained _____

List all important present or past illnesses, injuries or handicaps: _____

Date of last medical examination: _____ Report: _____

Your physician: _____ Address _____

Have you used drugs for other than medical purposes? Yes _____ No _____ What? _____

Are you presently taking medication? Yes _____ No _____ What? _____

Prescribed by _____ Address _____

Have you ever had a severe emotional upset? Yes _____ No _____

Have you ever had any psychotherapy or counseling? Yes _____ No _____

If yes, list counselor or therapist and dates: _____

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? Yes _____ No _____

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ANSWER THE FOLLOWING QUESTIONS:

1. What are the main problems, or difficulty's as you see it? (What are the areas that you would like us to help you with?)

I

II

III

IV

V

2. Describe things that you believe have contributed to causing your main problem?

I

II

III

IV

3. What have you done about it?

I

II

III

4. List three ways you would like to grow & change.

I

II

III

5. Describe how we can assist you in that desire to grow & change.

I

II

III

6. As you see yourself, what kind of person are you? Describe yourself:

7. Describe your spouse's personality. (Selfish, Loving, etc.)

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CLOSING SUMMARY INFORMATION:

Have you discussed your coming to Fresh Start with any of your Ministry team? Yes _____ No _____

Name: _____ Phone Number: _____

Is there an accountability or support team set up for you? Yes _____ No _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Is there anyone that is not in favor of you coming to Fresh Start? Yes _____ No _____ If so who? _____

Have you read the client guidelines and would you agree to honor them? Yes _____ No _____

Are you willing to commit to come for interview? Yes _____ No _____

What is the best Phone number to call to setup an interview

Name: _____ Phone Number: _____

Have You **(The Applicant)** filled this document out personally, and honestly? Yes _____ No _____

Applicants Signature _____ **Date** / /

List any questions you would like to discuss at your of interview. (IE. Fresh Start, Guidelines, Schedules, Housing, Other Questions.)

I
II
III
IV
V
VI
VII
VIII

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