



Workshop Application

(Send completed Application to 40 Blackhawk Trl., Chatsworth, GA 30705)

I. General Information

Name (first) _____ (middle) _____ (last) _____

Social Security _____ - _____ - _____

If not a USA citizen, please give your nationality, visa classification and number: _____

II. Education

1. High School _____ Year: 1 2 3 4 Grad _____ GPA _____

2. College _____ Year: 1 2 3 4 Grad _____ GPA _____

Address _____ Concentration _____

3. Others _____ Year: 1 2 3 4 Grad _____ GPA _____

Address _____ Concentration _____

III. Skills

1. Listed below are skills that are valuable in office staff positions. Please read the skills carefully and mark *all* that pertain to you. (You may use more than one letter for a particular skill)

E- Some experience **L-** Skills you like to do **P-** Very proficient **S-** Skills you dislike **W-** Skills you want to learn

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Event Consultant | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Journalism | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Audio Production | <input type="checkbox"/> LifeGuard (certified? _____) | <input type="checkbox"/> Shorthand wpm _____ |
| <input type="checkbox"/> Carpenter/Construction | <input type="checkbox"/> Merchandising | <input type="checkbox"/> Sound Board Operation |
| <input type="checkbox"/> Computer Programing | <input type="checkbox"/> Personnel Administration | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Photography | <input type="checkbox"/> Telemarketing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Postal Service | <input type="checkbox"/> Travel Service |
| <input type="checkbox"/> Data Processing | <input type="checkbox"/> Project Organization | <input type="checkbox"/> Writing Type _____ |
| <input type="checkbox"/> Drama Production | | |

IV. Personal History

Answer the following carefully and truthfully.

1. Have you ever been involved in the use of alcohol or drugs? Yes No. If yes, when was the last time? _____ Please explain _____
2. Have you ever been expelled from school? Yes No. Sent to a juvenile detention center? Yes No. Please explain _____
3. Have you ever been arrested for committing a crime, or for abuse of any kind? Yes No
Please explain _____
4. Have you ever had professional counseling? Yes No. If yes, when was the last time? _____
5. At what level is your personal evangelism:
 Level 1/Attitude: (I witness through my lifestyle.)
 Level 2/Behavior: (I witness through lifestyle and through kind acts and service.)
 Level 3/Conversation: (through the above, plus I share: my testimony plan of salvation
6. On a scale of 1-10, 10 being the highest, please evaluate your personal strengths and weakness.

<input type="checkbox"/> Relating to new people	<input type="checkbox"/> Establishing relations	<input type="checkbox"/> Conversation with strangers
<input type="checkbox"/> Maintaining friendships	<input type="checkbox"/> Problem solving	<input type="checkbox"/> Listening
<input type="checkbox"/> Sense of Humor	<input type="checkbox"/> Confronting	<input type="checkbox"/> Submission to Leadership
<input type="checkbox"/> Ability to finish a project	<input type="checkbox"/> Encouragement	<input type="checkbox"/> Being an example
<input type="checkbox"/> Self Starter	<input type="checkbox"/> Servant Attitude	<input type="checkbox"/> Followship
7. What tends to upset you the most? _____

V. Employment

Please list the most recent employer first. Do we have your permission to contact them? Yes No

1. Company _____ Dates ___/___/___ to ___/___/___
(Most Recent First)
Position _____ Supervisor _____ Phone () _____ - _____
Reason for leaving _____
2. Company _____ Dates ___/___/___ to ___/___/___
Position _____ Supervisor _____ Phone () _____ - _____
Reason for leaving _____
3. What special work skills do you possess? _____
4. Tentatively, what is your vocational choice? _____

VI. References

1. Employer _____ Length of Acquaintance _____ Phone () _____ - _____
Company Name _____ Address _____
City _____ State _____ Zip _____
List your duties and experience _____

2. Co-Worker _____ Length of Acquaintance _____ Phone () _____ - _____
School Name _____ Address _____
City _____ State _____ Zip _____