



Application for WorkZone
October 2017 Training

Due to Scott Phillips at the Drop-In Center by 10-18-17
102 N. Hamilton Street, Ypsilanti MI 48197
sphillips@ozonehouse.org

Today's date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Number we can use to call you: (_____) _____

Another number where we can call you: (_____) _____

Email address: _____

Emergency contact: _____ Phone number: _____

Your Age: _____ Your Birthday (month/day/year): _____

Name of Ozone worker (if you have one): _____

I have an original: ☐ School ID ☐ State ID ☐ Driver's License ☐ Social Security card
☐ Birth Certificate ☐ AATA Fare Deal Card

Are you currently employed? ☐ Yes ☐ No

If yes, where? _____



Application for WorkZone
October 2017 Training

Due to Scott Phillips at the Drop-In Center by 10-18-17
102 N. Hamilton Street, Ypsilanti MI 48197
sphillips@ozonehouse.org

PAST WORK EXPERIENCE:

Business and location:	Job Title and Duties:
Employed From: To:	
Supervisor's Name:	Reason for leaving:

Business and location:	Job Title and Duties:
Employed From: To:	
Supervisor's Name:	Reason for leaving:

Tell us about any leadership or volunteer experience you have had:
--

Highest level of education completed: _____

Are you currently enrolled in a school/training program? ☐ Yes ☐ No

If yes, what is the name of the school/program? _____



Application for WorkZone
October 2017 Training

Due to Scott Phillips at the Drop-In Center by 10-18-17
102 N. Hamilton Street, Ypsilanti MI 48197
sphillips@ozonehouse.org

Please list 2 references (adults who are not related to you)

Name:	Name:
Relationship:	Relationship:
Phone #:	Phone #:

What are your career goals?

How would participating in WorkZone help you?

In what areas (related to work) do you feel you need to improve?

Is there anything else you want us to know about you? (ex. - interests, skills, on-going commitments that might affect your participation)



Application for WorkZone
October 2017 Training

Due to Scott Phillips at the Drop-In Center by 10-18-17
102 N. Hamilton Street, Ypsilanti MI 48197
sphillips@ozonehouse.org

By Signing below, I/We give permission for WorkZone staff to contact the references I have listed on this application. In addition, I/We authorize Ozone House or it's WorkZone partner sites to obtain a background check from any of the following consumer reporting agencies: National Sex Offender Registry Check, criminal records background checks, or the Michigan Department of Human Services Central Registry.

Participant Signature

Parent or Guardian Signature if participant is under 18

Printed Name

Printed Name

Contact phone number to verify consent

Please note that the WorkZone training for October 2017 will be held Monday, October 23rdth – Friday, Novemeber 3rd from 1:30 – 3:30 p.m. On Monday October 23rd and Thursday, November 2nd WorkZone will go from 1:30 until 4:00. Participants are expected to attend all 10 sessions for the entire scheduled time. Please list any schedule conflicts that you know about (or think may happen) below: