



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? _____



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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? _____



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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)



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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: