



CONFIDENTIAL PROGRAM APPLICATION_

APPLICANT'S INFORMATION

Full Name: _____ **Today's Date:** _____
Last First Middle

Address: _____ **OID #:** _____
Street Address

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Email:** _____

Approx. Date of Release and/or Arrival: _____ **Date of Birth (DOB):** _____

Are you a citizen of the United States? _____ If no, can you work in the United States? _____

Are you currently in a treatment facility? _____ If yes, Name: _____

Are you currently in a Corrections Facility? _____ If yes, Name: _____

Your Marital Status? _____ Any Child(ren)? _____

EDUCATION

Are you a High School Graduate? _____ **Location?** _____ **Year?** _____

GED Received? _____ **Location?** _____ **Year?** _____

College? _____ **Location?** _____ **Years?** _____

Did you successfully Graduate from College? _____ **Degree?** _____

College? _____ **Location?** _____ **Years?** _____

Did you successfully Graduate from College? _____ **Degree?** _____

EMPLOYMENT HISTORY OR JOB SKILLS

Are you currently employed? _____ **If yes, where?** _____

Current Supervisor/Boss? _____ **Their Contact #:** _____

List any prior employment and/or your job skills? _____

Desired job/career/trade when you transition out of LifeRight Outreach, if you know? _____

Employment Agency? _____ **Contact Person?** _____

REFERENCES

Please list contact information for Case Worker, Personal Reference, Professional Counselors, Former Program Directors

Name: _____	Relationship/Job Title: _____
Organization: _____	City: _____
Phone Number: _____	Years known: _____
Name: _____	Relationship/Job Title: _____
Organization: _____	City: _____
Phone Number: _____	Years known: _____
Name: _____	Relationship/Job Title: _____
Organization: _____	City: _____
Phone Number: _____	Years known: _____

PREVIOUS TREATMENT PROGRAM(S), IF ANY

Facility Name: _____	Dates: _____ to _____
Treatment for: _____	Did you Complete/Graduate: _____
Case Worker's Name: _____	Contact Number: _____
Facility Name: _____	Dates: _____ to _____
Treatment for: _____	Did you Complete/Graduate: _____
Case Worker's Name: _____	Contact Number: _____
Any other(s)? _____	

CRIMINAL BACKGROUND

Circle the correct response. Are you currently on Probation/Parole? Yes or No Any extremely violent crimes? Yes or No

Any Court case(s) Pending? Yes or No If yes, in what County? _____ Next Date: _____

Please explain: _____

Ever Convicted of a Violent Crime? Yes or No If yes, please explain: _____

Any Sex Related Crime(s) in your past? Yes or No If yes, please explain: _____

Any Order for Protection(s) or Restraining Order(s)? Yes or No If yes, who is/are your victim(s)? _____

Do you have any Outstanding Warrants? Yes or No If yes, in what County is your Warrant? _____

PROBATION / PAROLE / ISR AGENT AND EMERGENCY CONTACT INFORMATION

Probation / Parole / iSR Agent: _____ Phone Number: _____

Expected Date of Completion: _____ Email: _____

★ **Emergency Contact Person:** _____ **Relationship to You:** _____

Address: _____ City: _____ Phone Number: _____

How long have they known you? _____ Do they know you are seeking to come to LifeRight? Yes or No

YOUR PHYSICAL HEALTH AND MEDICAL INFORMATION

Circle the correct response. Any current Medical issues? Yes or No If yes, explain: _____

On any Medications? Yes or No If yes, list: _____

Do you have an Eating Disorder? Yes or No If yes, explain: _____

Any Special Needs? Yes or No If yes, Explain in detail: _____

Physician: _____ Clinic: _____ Phone Number: _____

WHAT interests you about coming to LifeRight Outreach? *Please be very specific!*

**** CONFIDENTIAL **** Anything else you wish to share about your past that is not listed? **** CONFIDENTIAL ****

DISCLAIMER, AUTHORIZATION OF BACKGROUND CHECK AND YOUR SIGNATURE

I, _____ (PRINT YOUR NAME) certify that my answers are true and complete to the best of my knowledge. If this application leads to an enrollment in the LifeRight Outreach (LRO) program in Alexandria, Minnesota, I understand that false or misleading information on this application or during my initial interview may result in my release from the program. I authorize a background check by this organization with the State of Minnesota and any other state(s) I have lived over the past ten years.

X _____ Today's Date: _____

Your Signature on this line