



CHARACTER · RELATIONSHIPS · EDUCATION · WORK SKILLS

AT



## CREW Application

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us?  Lionheart Alumni  Web  Person: \_\_\_\_\_

Are you currently in school?:  Yes  No

Have you ever attended college?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been dismissed for school or work due to behaviors over the age of 18?

Yes  No

## Education

**High School:** \_\_\_\_\_

City / State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Graduate?  Yes  No Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_

City / State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Graduate?  Yes  No Degree: \_\_\_\_\_

**Other:** \_\_\_\_\_

City / State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Graduate?  Yes  No Degree: \_\_\_\_\_

## Employment

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Starting Salary:**\$ \_\_\_\_\_ **Ending Salary:**\$ \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**May we contact your supervisor for a reference?**  Yes  No

## References

Full Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Screener

Do you have a medical condition that we need to be aware of?

Seizures    Diabetes    Allergies    Other: \_\_\_\_\_

Are you allergic to animals?    Yes    No

## Americans with Disabilities

Have you ever requested accommodation for a disability at school or on a job?    Yes    No

## Emergency Contact(s)

Full Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Account Holder

Account Holder will be responsible for applicants' fee for CREW. If the applicant is also the Account Holder please write your information below as you did at the beginning of the application.

Full Name: \_\_\_\_\_

Relationship to applicant:  Self  Parent/Guardian  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

Apt/Suite

\_\_\_\_\_

City

State

Zip Code

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into CREW, I understand that false or misleading information in my application may result in release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_