APPLICANT INFORMATION

First Name | Middle Name | Last Name | Date of Birth

Street Address | Apt / Suite

City | State | Zip Code | Phone

E-mail

Background

How did you hear about us?

☐ Lionheart Alumni ☐ Web

☐ Person: Name of person

Are you currently enrolled in school? ○ Yes ○ No

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

Have you ever been dismissed from school or work for behavior (age 18+)? ○ Yes ○ No

If yes, please explain

EDUCATION & EMPLOYMENT HISTORY

High School

School Name | City / State

Attended From | Attended To

☐ Yes ☐ No Graduated? | If no, highest diploma / equivalency earned

College

School Name | City / State

Attended From | Attended To

☐ Yes ☐ No Graduated? | Degree

Other (trade school, certification program, etc.)

School / Program Name | City / State

Attended From | Attended To

☐ Yes ☐ No Graduated? | Degree

Employment History (most recent)

Company | Job Title

Address | Starting Salary ($) | Ending Salary ($)

Employed From | Employed To

Responsibilities

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

REFERENCES & EMERGENCY CONTACTS

Personal References (non-family, provide two)

Reference 1

Full Name | Relationship to Applicant

Company | Phone | E-mail

Reference 2

Full Name | Relationship to Applicant

Company | Phone | E-mail

Emergency Contacts (provide two)

Emergency Contact 1

Full Name | Relationship to Applicant

Phone | E-mail

Emergency Contact 2

Full Name | Relationship to Applicant

Phone | E-mail

ACCOUNT HOLDER, MEDICAL & SIGNATURE

Account Holder

The Account Holder is responsible for the applicant's fee for CREW. If the applicant is also the Account Holder, please write your own information below, as you did at the start of this application.

Relationship to applicant: ☐ Self ☐ Parent / Guardian ☐ Other

Full Name

Street Address | Apt / Suite

City | State | Zip Code | Phone

E-mail

Medical Screener

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

☐ Seizures ☐ Diabetes ☐ Allergies

☐ Other: Please specify

Are you allergic to animals? ○ Yes ○ No

Americans with Disabilities Act (ADA)

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

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in release from acceptance into CREW.

Signature (type full name) | Date