

THE FATHER'S HOUSE

1842 Portland Avenue

Memphis, Tennessee 38027

Telephone: (901) 354-6460

E-mail: thefathershouseprogram@gmail.com

Pastor: Darnell Johnson

Name: _____

Age: _____ Single/Married/Divorced: _____ U.S. Citizen: Yes No

Nearest Relative: _____

Address: _____

Phone: _____

Do you have any children? Yes No

Names, address, phone numbers: _____

Do you have any medical problems? Yes No

If yes, please explain: _____

Do you take any medications? Yes No

If so, list medication, who prescribed by, prescriber's phone number: _____

Do you have any allergies or disabilities? Yes No If yes, please explain:

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Do you have any warrants, fines or court appearances pending? Yes No If yes, explain:

Are you a fugitive of justice? Yes No If yes, please explain:

Have you served in the military? Yes No

Are you receiving any local, state or federal benefits? Yes No If yes, check all that apply:

Food stamps: _____ Disability: _____ Medicaid: _____

What is your educational background? _____

Do you have any special skills? _____

Do you have any spiritual gifts (i.e., singing, playing an instrument, Bible knowledge, etc...)?

How did you learn of our ministry and what led you to us? _____

Are you now, or do you want to be a "Born Again Christian"? _____

What goals do you have for the future? _____

What do you plan to accomplish by being in this program? _____

Are you willing to abide by the rules and direction of The Father's House? Yes No

Resident signature: _____ Date: _____

Staff: _____ Date: _____

Pastor Darnell Johnson: _____ Date: _____

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Job Training Application

NAME (last, first, middle) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

DATE OF BIRTH _____ SEX M or F RACE _____

SOCIAL SECURITY NUMBER _____

SCHOOLS ATTENDED:

High School/Address: _____

Last grade completed _____ Diploma/GED received _____

College/Trade School/Address _____

Highest level completed _____ Degree/certification received _____

Area of study _____

EMPLOYMENT HISTORY (List most current or present employer first)

Employer's Name/Address _____

City/State _____ Telephone number _____

Job Title _____

Employer's Name/Address _____

City/State _____ Telephone number _____

Job Title _____

PUBLIC ASSISTANCE: AFDC: Yes No SSI: Yes No

REFERENCES (List 2 personal references)

Name _____

City/State _____ Telephone number _____

Relationship _____

Name _____

City/State _____ Telephone number _____

Relationship _____

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Job Training Application Continued

Have you ever been convicted of a criminal felony/offense? Yes No

Are you legally entitled to work in the U.S.? Yes No

Area of interest: Career Training Healthcare, Certified Nursing Assistant

Personal Development Job Placement Hospitality Keyboarding

Why? (Attach sheet if necessary)

PERSON TO NOTIFY IN CASE OF EMERGENCY (name/telephone/relationship)

I certify that the above information is true to the best of my knowledge. I am also aware that the information I have provided is subject to immediate termination after enrollment. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Signature _____ Date _____

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Screening Sheet

Name: _____

Age: _____

Hometown: _____

History of your crime and how you dealt with it?

History of current involvements, such as school, training, etc.

Future plans, goals, objectives once you have been released.

Signature: _____ Date _____