

St. John Francis Regis Hospitality Training/Cafe Reconcile

1631 Oretha Castle Haley Boulevard
New Orleans, LA 70113

Office (504) 568-1157 Fax (504) 568-9599

Application Date: _____

Name: _____	Social Security: _____
D.O.B. _____	Age: _____
Address: _____	
City, State, Zip: _____	
Phone # _____	Cell # _____
Mother's Name: _____	Father's Name: _____
Mother's Address: _____	Father's Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone # _____	Phone # _____
Work # _____ Cell # _____	Work # _____ Cell # _____
Legal Guardian Info: (If different from above)	
Name: _____	
Address: _____	
City, State, Zip: _____	
Phone # _____	Cell # _____ Work # _____

In Case of Emergency please contact:

Name: _____
Address: _____
City, State, Zip: _____
Phone # _____ Cell # _____

Education:

High School Diploma Received (Yes/No) _____	Highest Grade Level Completed: _____
GED Currently Enrolled (Yes/No) _____	
GED Program Name: _____	
Address: _____	
City, State, Zip: _____	

Ethnicity:**Gender:****Employment Status:**

Black _____
 Hispanic _____
 White _____
 Asian _____
 Other _____

Male _____
 Female _____

Employed (Yes/No)
 Where Employed _____

To be completed by student:**Family Situation:**

Married (Yes/No)
 Do you have any children (Yes/No) How many? _____
 Number of people in your household: _____

Housing Status:

Homeowner (Yes/No)
 Do you pay rent (Yes/No)
 How much rent do you pay? _____

Income:

Earned Income _____ AFDC _____ SS _____
 Retirement _____ SSI _____ VA _____
 Food Stamps _____ Child Support _____

Personal Issues / Concerns:

Do you have a valid Driver's license or state I.D.? Yes No
 Do you have a criminal record? Yes No
 Have you ever been the victim of a crime? Yes No
 Are you currently on Probation? Yes No
 Are you on Parole? Yes No
 Name of Probation Officer? _____ Contact # _____
 Name of Parole Officer: _____ Contact # _____

Student Goals: (Check all that apply)

Improve reading skills _____
 Obtain high school diploma/GED _____
 Attend a college or university _____
 Gain employment _____
 Gain life skills _____
 Other _____
 Involve yourself in your children's life _____
 Develop a better relationship with family _____
 Become a homeowner _____
 Be removed from public assistance _____
 Register to vote _____

What factors may prevent your daily attendance of classes / training?

Work schedule _____
 Lack of money for bus tokens _____
 Transportation _____
 Childcare _____
 Clothing _____
 No Washer/Dryer at home for uniforms _____
 Family problems _____
 Lack of interest _____
 Lack of commitment _____
 Housing _____
 Time conflict with hours of the program _____
 Other _____

If you are employed, please provide a brief job description and the name of your current manager and employer.

Medical History: To be completed by Parent / Guardian

Do you have a chronic medical condition medical? (Yes/No)

If yes, please explain:

Do you take medication? (Yes/No)

If yes, list the name of the medication and dosage: _____

Have you ever been involved in an accident? (Yes/No)

If yes, please give details: _____

Does the applicant or family have needs at this point, which you would like to see the Café Reconcile Program help address? Yes _____ No _____

Please explain if yes:

Please state your appropriate pant, shirt, belt and shoe size to ensure proper uniform attire for the workplace.

Pant Size: _____ Shirt Size: _____ Shoe Size: _____ Belt Size: _____

I agree that the above information is true to the best of my knowledge.

Participant's Signature

Date

Parent/Guardian's Signature

Date

A copy of your Louisiana State ID or Driver's License, Social Security Card and Birth Certificate must accompany the application for processing.