

# MISSION MESSIAH *a new creation*

## Trainee Application

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Physical Address: \_\_\_\_\_  
Street City State Zip

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Race: \_\_\_\_\_ Weight: \_\_\_\_\_

Height: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_

Identifying Marks (Scars, Tattoo): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drivers License #: \_\_\_\_\_ St. \_\_\_\_ Social Security #: \_\_\_\_\_

Other Names You Have Used: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

Do you have children? YES: \_\_\_ NO: \_\_\_

Where are they presently living?: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you receive child support? YES: \_\_ NO: \_\_ Do you owe child support? YES: \_\_ NO: \_\_  
In Case Of Emergency Notify

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Sibling Information:

Name:	Age:
_____	_____
_____	_____
_____	_____
_____	_____

Do you have a functional relationship with your family? YES \_\_\_ NO \_\_\_

Please provide a short personal history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Occupational Information

Occupation or Trade: \_\_\_\_\_

Job Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies and Other Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Job History (Past 10 Years)

Employer: \_\_\_\_\_ Job Description: \_\_\_\_\_

Date Started: \_\_\_/\_\_\_/\_\_\_ Date Left: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Description: \_\_\_\_\_

Date Started: \_\_\_/\_\_\_/\_\_\_ Date Left: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Description: \_\_\_\_\_

Date Started: \_\_\_/\_\_\_/\_\_\_ Date Left: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Description: \_\_\_\_\_

Date Started: \_\_\_/\_\_\_/\_\_\_ Date Left: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Description: \_\_\_\_\_



## Medical Information

Do you have or have you ever had any of the following problems: Answer Y or N

Asthma:\_\_\_ Back:\_\_\_ Dental:\_\_\_ Diabetes:\_\_\_ Epilepsy:\_\_\_ Eye:\_\_\_ Heart: \_\_\_

Hemophilia:\_\_\_ Hepatitis:\_\_\_ High Blood Pressure:\_\_\_ TB:\_\_\_ VD:\_\_\_ HIV:\_\_\_

Kidney Disease:\_\_\_ Other:\_\_\_\_\_

Please explain if you answered yes to any of the above questions:

\_\_\_\_\_

Allergic Reactions (medicine allergies or other): \_\_\_\_\_

\_\_\_\_\_

Are you on any medication? YES\_\_\_ NO\_\_\_ If Yes; explain: \_\_\_\_\_

\_\_\_\_\_

Required Medical Test: All Hepatitis, HIV, TB, and all STD's

## Church Affiliation

Church Affiliation:\_\_\_\_\_

Explain your involvement in the church:\_\_\_\_\_

Do you have a personal relationship with Jesus Christ the Lord?\_\_\_\_\_

Related Information:\_\_\_\_\_

## Academic Information

What was the last grade you completed?\_\_\_ Did you obtain a degree? YES\_\_\_ NO\_\_\_

List any collage, trade schools, or higher education classed you have attended or completed:

School:\_\_\_\_\_ Studies:\_\_\_\_\_

Certificate or Degree:\_\_\_\_\_ Year:\_\_\_\_\_

How would you rate your reading skills? Great:\_\_\_ Good:\_\_\_ Average:\_\_\_ Poor:\_\_\_

How would you rate your writing skills? Great:\_\_\_ Good:\_\_\_ Average:\_\_\_ Poor:\_\_\_

How would you rate your communication skills?Great:\_\_\_ Good:\_\_\_ Average:\_\_\_ Poor:\_\_\_

## Military Service

Have you served in the military? YES\_\_ NO\_\_ Branch:\_\_\_\_\_

Discharge:\_\_\_\_\_ Date From:\_\_\_/\_\_\_/\_\_\_ To\_\_\_/\_\_\_/\_\_\_ Rank\_\_\_\_\_

Are you in the reserves? YES\_\_ NO\_\_

## Legal Information

Do you have any outstanding warrants? YES\_\_ NO\_\_ Explain\_\_\_\_\_

Are you on parole: YES\_\_ NO\_\_ Are you on probation: YES\_\_ NO\_\_

If you answered yes please explain:\_\_\_\_\_

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## Parole or Probation Officer Information

Name:\_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

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

Street City St Zip County

Method of reporting: Phone:\_\_\_ Mail:\_\_\_ In Person:\_\_\_ Other:\_\_\_ Explain?\_\_\_\_\_

## Changes Needed In Your Life:

Please check the items listed below that must change in your life during the stay at

Mission Messiah, A New Creation if you are going to have a successful future:

- Relationship with God
- Relationship with Family
- Attitude
- Values
- Self-discipline
- Financial Management
- Thought Life
- Sexual Life

- Dress and Appearance
- Use of Free Time
- Work Habits
- Sleep Habits
- How I View Myself
- How I View Others
- How I Respond To Others
- Submission to Authority

What do you see as your biggest hindrance to your completing your program at Mission Messiah? (Examples: Husband/ Wife, Boy/Girl Friend, Discipline, Dress Code, Schedule, Family, Obeying Authority, Past Lifestyles, Christian Emphasis, Personality Conflicts, Other).

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you come to Mission Messiah, A New Creation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referral

Who recommended Mission Messiah, A New Creation?

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

Address: \_\_\_\_\_  
Street City State Zip

Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

To the best of my knowledge the above information is true and correct. Incorrect or misleading information may prevent my entering the program or result in my removal of the program. I freely give Mission Messiah permission to run a background check and to verify all the information I have given.

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

Program Director: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Sponsor: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

All of us here at Mission Messiah, A New Creation want to extend our hospitality and offer our ladies a comfortable and home like atmosphere. Due to limited space we request that you only bring necessities.

Modest apparel please, consider the clothing you bring with you. Nothing tight fitting or alluring. Bring clothes related to the season. We ask that you bring no more than two (2) medium to large suitcases and one (1) carry-on bag.

Please bring a bible if you have one, any version is okay. Our curriculum is bible based and structured for Mission Messiah so you will not need to bring any other books, devotionals, magazines, teaching tapes or CD's. **All non-curriculum literature or tapes or CD's will be shipped back home at your own expense.** You will need a notebook, notebook paper, pens and pencils. (Optional Items) White-out, loose-leaf binder, spiral notebook, pocket folders and postage stamps. If you bring a journal it must be new with no writing in it.

Conservative Christian music tapes or CD's are welcome but preferably Praise & Worship. You may bring a camera, a small alarm clock and a small cassette or CD player. **NO HEADPHONES!**

Photographs of immediate family only. Nothing in frames that need to be hung on the wall. No wall mount items.

Mission Messiah supplies all household items such as linens, pillows, towels, etc. Please call if you have any questions about to bring. 432-580-5222

We would like to thank you in advance for your cooperation. We look forward to welcoming you into our Mission Messiah family.