

NWOLM - APPLICATION

HAVE YOU EVER BEEN HOSPITALIZED FOR DRUGS OR ALCOHOL PROBLEMS?
NO _____ YES _____ IF YES, LIST BELOW:
DATE _____ WHERE? _____ HOW LONG? _____

4. WHAT MAJOR OPERATIONS/ILLNESSES HAVE YOU HAD? (INCLUDE PROBLEMS WITH DRUGS OR ALCOHOL)
DATE _____ TYPE _____ AFTER EFFECTS _____

3. DO YOU HAVE ANY LIMITATIONS/HANDICAPS? NO _____ YES _____ EXPLAIN: _____

2. DO YOU HAVE ANY MEDICAL PROBLEMS OTHER THAN THOSE LISTED ABOVE?
TYPE _____ DIFFICULTY CAUSED _____

YES _____ NO _____ EXPLAIN: _____

1. HAVE YOU EVER TESTED POSITIVE FOR ANY COMMUNICABLE DISEASES SUCH AS TUBERCULOSIS, HIV+(AIDS), VENEREAL DISEASES, ETC.

II. MEDICAL INFORMATION

LICENSE NUMBER _____ STATE _____ TYPE _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES _____ NO _____

NWOLM-APPLICATION

8. WHAT MILITARY SCHOOLS DID YOU ATTEND? _____

7. WHAT RESPONSIBILITIES DID YOU HAVE IN THE SERVICE? _____

6. WHAT IS YOUR RESERVE STATUS? ACTIVE _____ INACTIVE _____ NONE _____

5. WHAT TYPE OF DISCHARGE? HONORABLE _____ DISHONORABLE _____ SPECIAL _____

4. WHAT WAS YOUR HIGHEST RANK? _____

3. HOW LONG DID YOU SERVE? _____ YEARS

2. WERE YOU DRAFTED? _____ ENLISTED? _____ COMMISSIONED? _____

MARINES _____ COAST GUARD _____

1. WHAT BRANCH DID YOU SERVE WITH: NONE _____ ARMY _____ NAVY _____ AIR FORCE _____

IV. MILITARY HISTORY

NOTE: WE ARE NOT EQUIPPED TO HANDLE ELECTRONIC MONITORING (EM). IF EM WILL BE A CONDITION OF YOUR PAROLE/PROBATION WE WILL NOT BE ABLE TO ACCOMMODATE YOU IN THE CORNERSTONES HOUSE PROGRAM.

PAROLE _____ PROBATION _____ WORK RELEASE _____ HOW LONG? _____

2. WHEN RELEASED WILL YOU BE ON ANY OF THE FOLLOWING? (SEE NOTE)

EXPLAIN

1. ARE YOU FACING ADDITIONAL CHARGES? YES _____ NO _____

AFTER RELEASE

4. WHEN DO YOU ESTIMATE YOU WILL BE RELEASED? _____

3. IF SENTENCED, LENGTH OF SENTENCE _____

2. ARE YOU AWAITING TRIAL OR SENTENCING? _____

1. DATE _____ CHARGE _____

PRESENT INCARCERATION

3RD

2ND

1ST

10. LIST YOUR PREFERENCES AS TO TYPES OF EMPLOYMENT UPON RELEASE.

9. WHY WAS IT BEST TO YOU?

8. WHAT WAS THE MOST SUCCESSFUL JOB YOU EVER HAD?

7. WHAT IS THE LONGEST YOU HAVE EVER WORKED FOR ONE COMPANY/EMPLOYER?

IF NO, CAN YOU PURCHASE THEM? YES _____ NO _____

6. IF THE JOB YOU WANT REQUIRES TOOLS, DO YOU HAVE ANY? YES _____ NO _____

5. WHAT JOB SKILLS DO YOU HAVE ?

4. WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE?

3. WHAT COURSES/TRAINING HAVE YOU HAD WHILE INCARCERATED?

2. WHAT JOBS HAVE YOU HELD WHILE INCARCERATED? (MOST RECENT FIRST)

NWOLM-APPLICATION

10. BRIEFLY DESCRIBE YOUR RELATIONSHIP WITH GOD AND WHAT PART HE PLAYS IN YOUR LIFE.

WHERE?

- 9. HAVE YOU EVER ATTENDED BIBLE SCHOOL? YES _____ NO _____
- 8. IS JESUS THE LORD OF YOUR LIFE? YES _____ NO _____ NOT SURE _____
- 7. DO YOU PRAY? YES _____ NO _____ HOW LONG? _____
- 6. DO YOU READ YOUR BIBLE DAILY? YES _____ NO _____ HOW LONG? _____
- 5. ARE YOU A "BORN AGAIN" CHRISTIAN? YES _____ NO _____ NOT SURE _____
- 4. PASTOR'S NAME: _____ PHONE (_____) _____
- 3. IF YES, WHAT DENOMINATION? _____ WHERE? _____
- 2. ARE YOU A CHURCH MEMBER? YES _____ NO _____ HAVE YOU EVER BEEN? YES _____ NO _____
- 1. DID YOU ATTEND CHURCH PRIOR TO YOUR INCARCERATION? YES _____ NO _____

IX. RELIGIOUS HISTORY