



PRESBYTERIAN HOME FOR CHILDREN

Transition to Adult Living Application

Presbyterian Home for Children Transition to Adult Living is an equal opportunity provider and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, or national origin. The program is for Alabama female resident's ages 19-24 years who are seeking help in developing life skills in order to succeed in today's world. Those applicants requiring reasonable accommodation to the application and/or acceptance process should notify a representative of the Transitional Living Department.

PERSONAL:

Full Name of Applicant		Date of Birth	Date
Mailing Address		City & State	Zip Code
Contact Telephone () -	Gender	Social Security Number - -	
Name of High School	School Address	City & State	Zip Code
Career Goals			

Name of College (Enroll or Attend)	Address	City & State	Zip Code

How did you become aware of this program? _____

Are you related to anyone employed by the PHFC, if so whom? _____

Are you currently taking medication (s)? _____ If yes, what is the name of medication (s) and dosage (s)

RECORD OF CONVICTION:

Have you ever pled guilty or no contest to or been convicted of a felony? _____ If yes, when, where and what was the disposition of the case. **Explain Below (Attach sheet if more space is needed; date and sign attachment to this application)**

Have you ever had a traffic violation within the past 5 years? _____ If yes, explain below. **(Attach sheet if more space is needed; date and sign attachment to this application)**

REFERENCES:

Name	Address	Telephone Number
	<hr/> <hr/>	
	<hr/> <hr/>	
	<hr/> <hr/>	

Instructions: Check all that apply below and list your top three objectives in the open fields at the bottom of the page.

I would like to receive help in this program to:

- Obtain a job
- Identify which career field's best suit my skills, interests, and experience
- Learn about various careers in numerous industries
- Learn about career opportunities in a particular industry
- Build a network of professionals in a variety of industries
- Learn how to advance at my current job
- Learn how to deal with a difficult boss, colleague, or fellow student
- Learn how to start my own business
- Learn how to build a business I have already started
- Determine if I should go back to school
- Make sure I am on the right path toward my desired career after I earn my degree
- Better deal with work-life balance issues
- Improve my résumé and my interview skills
- Learn the language and culture of corporate America
- Get along better with my peers
- Build lasting relationships with those in the civilian world
- Other: _____

Top Three Objectives

1. _____
2. _____
3. _____

Current School Attending or Want to Attend and Major: _____

Circle Yes or No

Are you currently working? Yes No

If not, are you seeking employment? Yes No

What are your hobbies? _____

What are your career goals? _____

What are your living goals? _____

What are your financial goals? _____

Work Availability

Check the days you are available to work: Su M T W Th F Sa

Indicate the hours you are available to work: From: _____ To: _____

What volunteer programs are you interested in doing?

Interests

Why are you interested in the Transition to Adult Living Program?

Please use the space provided below:

What is your desired occupation?

- | | |
|--|--|
| <input type="checkbox"/> Military | <input type="checkbox"/> Sports/Recreation Coach |
| <input type="checkbox"/> Doctor/Pharmacist | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> CEO/Entrepreneur | <input type="checkbox"/> Child Care Aide |
| <input type="checkbox"/> Social Media/Marketing/Public Relations | <input type="checkbox"/> IT/Software Developer |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Engineer |
| <input type="checkbox"/> Accounting/Finance | Other: _____ |

REALISTIC	<u>Circle Interest and Working Environment that Best Describes You</u>
	Building things Using tools and equipment The outdoors

	Product-driven environments with clear lines of authority
INVESTIGATIVE	Research and problem-solving Theoretical models Independent, unstructured working environments
ARTISTIC	Conceptualizing/Designing Writing, composing, performing Self-expressive, unstructured work environments
SOCIAL	Helping/encouraging/teaching Counseling/guiding Supportive, collaborative work environments
ENTERPRISING	Debating ideas Managing people & projects Selling Fast-paced, entrepreneurial work environments
CONVENTIONAL	Organizing information Writing reports Operating computers Structured, organized, practical work environments

Skills & Aptitudes

Office Equipment	Computer Programs	Creative	Clerical	Other
<input type="checkbox"/> Computer	<input type="checkbox"/> Word	<input type="checkbox"/> Drawing	<input type="checkbox"/> Phones	<input type="checkbox"/> Gardening
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Excel	<input type="checkbox"/> Painting	<input type="checkbox"/> Filing	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Calculator	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Keyboarding	<input type="checkbox"/> Babysitting
<input type="checkbox"/> Copier	<input type="checkbox"/> Outlook	<input type="checkbox"/> Photography	<input type="checkbox"/> Typing	<input type="checkbox"/> Bilingual:
			WPM: _____	_____

Other Skills/Aptitudes: _____

Signature of Applicant _____ Date: _____

**PRESBYTERIAN HOME FOR CHILDREN'S
TRANSITION TO ADULT LIVING**



**RECORD CHECK
RELEASE FORM**

I, _____, give the Presbyterian Home for Children my permission to conduct a criminal background check using my name and personal information. I also give the Presbyterian Home for Children permission to check employment and personal references. I understand the information given and received will be kept confidential.

Full Name _____

Maiden Name (if applicable) _____

Other Former Names (If applicable) _____

Birth Date _____

Social Security # _____ - _____ - _____

Driver's License #/ Issuing State _____

Signature

Date