



**Application for WorkZone**  
**February 2017 Training**

Due to Scott Phillips at the Drop-In Center by 2-14-17  
102 N. Hamilton Street, Ypsilanti MI 48197  
[sphillips@ozonehouse.org](mailto:sphillips@ozonehouse.org)

Today's date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Number we can use to call you: ( \_\_\_\_\_ ) \_\_\_\_\_

Another number where we can call you: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Your Age: \_\_\_\_\_ Your Birthday (month/day/year): \_\_\_\_\_

Name of Ozone worker (if you have one): \_\_\_\_\_

I have an original:  School ID  State ID  Driver's License  Social Security card  
 Birth Certificate  AATA Fare Deal Card

Are you currently employed?  Yes  No

If yes, where? \_\_\_\_\_

**PAST WORK EXPERIENCE:**



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Business and location:	Job Title and Duties:
Employed From:                      To:	
Supervisor's Name:	Reason for leaving:

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Tell us about any leadership or volunteer experience you have had:

Highest level of education completed: \_\_\_\_\_

Are you currently enrolled in a school/training program?  Yes                       No  
If yes, what is the name of the school/program? \_\_\_\_\_

Please list 2 references (adults who are not related to you)



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Name:	Name:
Relationship:	Relationship:
Phone #:	Phone #:

What are your career goals?

How would participating in WorkZone help you?

In what areas (related to work) do you feel you need to improve?

Is there anything else you want us to know about you? (ex. - interests, skills, on-going commitments that might affect your participation)

By Signing below, I/We give permission for WorkZone staff to contact the references I have listed on this application. In addition, I/We authorize Ozone House or it's WorkZone partner sites to obtain a background check from any of the following consumer reporting agencies:



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**National Sex Offender Registry Check, criminal records background checks, or the Michigan Department of Human Services Central Registry.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent or Guardian Signature if participant is under 18

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contact phone number to verify consent

Please note that the WorkZone training for February 2017 will be held Monday, February 20th – Friday, March 3rd from 1:30 – 3:30 p.m. On Monday February 20th and Thursday, March 2nd WorkZone will go from 1:30 until 4:00. Participants are expected to attend all 10 sessions for the entire scheduled time. Please list any schedule conflicts that you know about (or think may happen) below: