



Ransom Ministries



Job Readiness & Soft Skills Training Program Questionnaire

Ransom ReProgram is a job readiness and soft skills training program that provides participants with tools to help them overcome barriers to employment, help move out of dependency and into personal responsibility and a fulfilling career. Participants work with mentors and are taught spiritual principles about work and relating to others.

Your participation in the Job Readiness & Soft Skills Training program is voluntary. All of your answers will be kept confidential. We ask you to be as honest and detailed as you can when answering the questionnaire.

GENERAL INFORMATION

Full Name (include middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

EDUCATIONAL BACKGROUND INFORMATION

Highest grade completed in High School: _____ Diploma: Yes No GED: Yes No

Name of High School _____ City/State _____

Number of years attended at Trade School: _____ Junior College: _____ College: _____ Other College(s) and City/States _____

Degree Received: _____

SECURITY

Have you ever been convicted of a felony and/or served time in the past? Yes No

If yes, please describe below. Note: Providing this information will not disqualify a person from a Ransom ReProgram student. Please be honest.

Incident	Year	City, State	Charge & Release Date

Are you able to pass a drug test? Yes No (A negative drug test is required to be considered for this program)

TRAINING INFORMATION

Will you need transportation during your training? Yes No

What is your reason for taking training? _____

What is your present job goal or objective? _____

CURRENT EMPLOYMENT STATUS

Check all that apply: Unemployed Part-time Self Employed Retired

If employed, name of employer _____ Industry _____

HOBBIES AND INTERESTS

What do you enjoy doing? _____

PREVIOUS WORK EXPERIENCE

List your last three employers, starting with your most recent or current employer. Include military and volunteer experience. Be as complete as possible.

Business Name: _____ Job Title: _____

Address: _____

Phone: _____ Supervisor Name: _____

Start Date: _____ End Date: _____

Job Duties: _____

Reason for leaving: _____

Business Name: _____ Job Title: _____

Address: _____

Phone: _____ Supervisor Name: _____

Start Date: _____ End Date: _____

Job Duties: _____

Reason for leaving: _____

Business Name: _____ Job Title: _____

Address: _____

Phone: _____ Supervisor Name: _____

Start Date: _____ End Date: _____

Job Duties: _____

Reason for leaving: _____

Trainee Signature

Date