

Second Chance Jobs Initiative Application

If you wish to apply for the Community Jobs Initiative, please complete the following. Your information will be forwarded to the appropriate agencies.

Full Name: _____

Street Address: _____

City: _____

State: GA

Zip: _____

Email: _____

Telephone: _____

Age (target age 17-25): _____

Date of Birth (MM/DD/YY): _____

Last 4 digits of Social Security No.: _____

Please state any past criminal history (not a determining factor):

Please state work experience and/or special skills which would qualify you for this program:

(use additional sheet if needed)