

Student Application

In partnership with Genuine Parts Company (GPC) and NAPA, City of Refuge offers a 20-week intensive general technician and parts training program requiring a 35-hour per week commitment. Students will be engaged in classroom lecture, online coursework and in-shop training. Shop training includes performing a full range of service repairs such as brake jobs, tire mounting/balancing, alignment, diagnostics, tune-ups, water pump replacement, frontend work, and more. Select students will also participate in a one-week internship with a local NAPA Auto Care Center. City of Refuge has partnered with United Way of Greater Atlanta, Atlanta Center for Self Sufficiency (ACSS), Georgia Works, First Step Staffing, Integrity CDC, Atlanta Mission and others to recruit, interview and place candidates in the program. The Automotive Skills Training Center will accept up to 15 students into each class based upon application, aptitude pre-test results, interview and background screening. **Priority is given to students with a current valid driver's license, stable transportation and housing, and a basic knowledge of automotive repair.**

Students are expected to achieve the following three milestones:

1. Emphasis on Responsibility: The program places strict requirements on attendance and timeliness. In order to take the final exam, students must attend 95% of all of the classes Monday through Friday, 8am-4pm. They must also be on time 95% of the time.
2. Emphasis on Learning and Comprehensive Knowledge: Passing all exams and class assignments, and showing the ability to apply classroom learning in the shop through the completion of 80 specific repair tasks.
3. Emphasis on Success: We expect students accepted into the class to complete all requirements and pursue job opportunities in the auto tech industry.

Application Deadline:

Completed applications must be received **no later than** _____.

Class will begin on _____.

Applications should be returned, and questions for further information should be directed, to the attention of Matt McCoy at matt@cityofrefugeatl.org (404-952-1225), or by bringing to our main office at 1300 Joseph E. Boone Blvd. NW, Atlanta, 30314. Qualifying applicants will be contacted to schedule on-site interviews.

Applicant Information

Last Name *		First Name *		Middle	
Street Address *				Apartment/Unit #	
City *		State *		Zip Code *	
Phone *			E-mail *		
Date of Birth * (MM/DD/YYYY)		Valid DL? (Yes or No)	If YES, DL Number		Is DL suspended? (Yes or No)

Education & Vocational Training

High School *			Address		
From *	To *	Did you graduate? (Yes or No)		Diploma	
College *			Address		
From *	To *	Did you graduate? (Yes or No)		Degree	
Other *			Address		
From *	To *	Did you graduate? (Yes or No)		Degree/Certification	
Other *			Address		
From *	To *	Did you graduate? (Yes or No)		Degree/Certification	

References

Please list two personal references.

1st Reference

Full Name*	Relationship *
<input type="text"/>	<input type="text"/>
Company *	Phone *
<input type="text"/>	<input type="text"/>
E-mail *	
<input type="text"/>	

2nd Reference

Full Name*	Relationship *
<input type="text"/>	<input type="text"/>
Company *	Phone *
<input type="text"/>	<input type="text"/>
E-mail *	
<input type="text"/>	

Previous Employment

Company *	Phone *	
<input type="text"/>	<input type="text"/>	
Address *	Supervisor *	
<input type="text"/>	<input type="text"/>	
Job Title *	Responsibilities *	
<input type="text"/>	<input type="text"/>	
From *	To *	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>
May we contact your previous supervisor for a reference? (Yes or No)		
<input type="text"/>		

Company *

Phone *

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Address *

Supervisor *

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Job Title *

Responsibilities *

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From *

To *

Reason for Leaving

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May we contact your previous supervisor for a reference? (Yes or No)

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Questionnaire

1. Have you ever had, or do you currently have any mental health issues? * (Yes or No)

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If the Answer is "Yes" please provide an explanation of the following:

What was/is your official diagnosis? *

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What mental health medications are you currently taking or have ever taken? *

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Are your issues related to post-traumatic stress? If so, please explain. *

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2. Do you have a criminal background * (Yes or No)

If the Answer is "Yes" please provide approximate dates and explanation. Please include whether the conviction(s) were for felonies or misdemeanors.

3. Please give a brief explanation of your view of God and faith.

4. Please explain your understanding of Loyalty.

5. Explain what you would do in the following situation: *

You get out of your car to enter a business and you see something shiny on the ground. You pick it up and it is a gold bracelet. You look around and no one is in the area. Later you stop by a pawn shop to see if it is real and to find out if it is authentic and valuable. The pawn shop offers you \$450 on the spot.

The position for which I am being considered requires me to consent to a criminal background check as a condition of acceptance. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize City of Refuge to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist City of Refuge in collecting this information. Validity Screening Solutions has been secured as a third party vendor (consumer reporting agency) to assist City of Refuge in collecting and verifying information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to acceptance. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for City of Refuge students, employees, and other community members.

(Social Security number is required for City of Refuge to complete a background check. We will not share the number with anyone-it will be held confidentially in your file and destroyed upon the exit from the program, whether through non-acceptance, dismissal, or graduation.)

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into the NAPA Automotive Skills Training Program at City of Refuge, I understand that false or misleading information in my application or interview may result in my release.

I understand that City of Refuge is a Christian ministry and that this program includes regular prayer and Biblical devotions. I also understand that smoking and consumption of alcoholic beverages is not allowed on the City of Refuge campus.

Social Security Number*

First Name*

Last Name*

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Signature *

Date*

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