



New Mexico Job Challenge Academy

Candidate Application

Full Name: _____ Social Security Number: _____
 Date of Birth: _____ Age: _____
 Street Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Mailing Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Height: _____ Weight: _____
 Cell Phone: _____ Hair Color: _____ Eye Color: _____
 Email Address: _____ Gender: Male Female
 Race: _____ Ethnicity: _____ Religion: _____ Tribal Affiliation: _____
 Religious Preferences: _____
 Preferred language: English Spanish List other known languages: _____
 Do you have a valid Driver's License? YES NO State: _____
 Do you have any children? YES NO
 Who do you live with? _____

Clothing Sizes: Shoe: _____ Boot: _____ BDU: _____ Jeans: _____
 Coat: _____ Polo: _____ T-shirt: _____ Sweatshirt: _____ Sweatpants: _____
 Hat: _____

#1 Emergency Contact/Parent/Legal Guardian

Full Name: _____ Relationship: _____
 Mailing Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Home Phone: _____
 Work Phone: _____ Cell Phone: _____
 Total Household Income: < \$15,000 \$15,001-\$25,000 \$25,001-\$35,000 \$35,001-\$45,000 > \$45,000

#2 Emergency Contact/Parent/Legal Guardian

Full Name: _____ Relationship: _____
 Mailing Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Home Phone: _____
 Work Phone: _____ Cell Phone: _____

Name of Youth Challenge: _____ Cycle Number: _____

Have you ever been charged with anything other than a traffic ticket? YES NO
 Do you have any pending legal charges? YES NO
 Please provide an explanation of all charges: _____

Have you even been on probation? YES NO
 Start Date: _____ End Date: _____
 What was the reason for your probation? _____
 Name of Probation Officer: _____ Phone: _____



New Mexico Job Challenge Academy

Candidate Application

Educational Level (Please check all that apply):

HS Diploma

GED/Hiset

Missing HiSET (Writing)

Missing HiSET (Reading)

Missing HiSET (Math)

Missing HiSET (Science)

Missing HiSET (Social Studies)

Name of school currently enrolled in or last school attended: _____

What is your 9-digit New Mexico Student Identification Number? _____

Last Grade Completed: _____

Do you have an Individualized Education Plan (IEP) or 504 Plan:

YES

NO

Reason for IEP or 504 Plan: _____

Please rank your interest in our pathways (1 for most preferred to 3 for least preferred):

Auto ____

CNA ____

Trades ____

Are you mentally and physically capable of participating in and graduating from the New Mexico Job Challenge Academy?

YES

NO

If NO, what challenges might you have: _____

Why should we consider you for the New Mexico Job Challenge Academy? _____

How did you hear about our program? (Check all that apply)

Internet Search

Social Media

NMYCA Case Manager or Briefing

NMJCA Posters/Flyers

NMJCA Recruiter or Staff

Other: _____

The information provided on this application and all forms required by the New Mexico Job Challenge Academy must be accurate and truthful. If pertinent information is withheld or false information is provided regarding the applicant, both safety and well-being of the applicant could be jeopardized. If pertinent information is withheld or false information is provided regarding the applicant, the applicant would no longer be considered for admission or could be dismissed from the program upon discovery of such information.

Signature of Parent/Guardian/Applicant (If over 18): _____

Date: _____



New Mexico Job Challenge Academy
 Medical History Review (Page 1 of 2)

This review of the applicant's health history does NOT require a doctor's visit, well child appointment, or physical exam.

Full Name: _____ Date of Birth: _____
 Insurance: _____

FAMILY HEALTH HISTORY

BIOLOGICAL PARENTS, SIBLINGS, GRANDPARENTS HAVE/HAD: *(If yes, what is the relationship to the applicant?)*

Heart Disease (< Age 55)	Blood Disorder	Allergies	Obesity
High Blood Pressure	Seizures	Sudden Unexplained Death	Drug/Alcohol Abuse
Elevated Cholesterol	Tuberculosis	Mental Illness	Chronic Cough
Kidney Problem	Asthma	Mental Retardation	Fainting During Exercise
Diabetes	Thyroid Problem	Suicide	Unknown Family History
Cancer	Eye Disorders	Eating Disorders	No to All

APPLICANT'S HEALTH HISTORY

HAS THE APPLICANT HAD:

Anemia	Urinary Tract Infection				
Frequent Headaches	Frequent Constipation				
Ear Infection	Frequent Diarrhea				
Missing Organs	High Blood Lead Level				
Hepatitis	High or Low Blood Pressure				
Meningitis	Arthritis, Rheumatism, Bursitis				
Exposure to TB	Gall Bladder Trouble or Stones				
Heart Murmur	Hernia				
Rheumatic Fever	Head Injury, Memory Loss, Concussion(s)				
Seizure	Fainting (If yes, during exercise?)				
Asthma	Dizziness or Near Fainting				
Chronic Cough or Colds	Loss of Fingers or Toes				
Shortness of Breath	Tumor, Cyst, Cancer				
Kidney Stones	Thyroid Trouble				
Diabetes	Pain	Foot	Ankle	Knee	Leg
Skin Disease		Hip	Back	Wrist	Elbow
Physical Abuse/Neglect	STD				
Eye or Vision Problems	Other				

FEMALES ONLY:

Menses Regular _____
 Heavy _____
 Problems _____

Contraceptive Devices: _____
 Are you Pregnant? YES NO Not Sure

APPLICANT'S NUTRITIONAL HISTORY

Allergies to Medication: _____
 Allergies to Food: _____
 Allergies to Environment: _____
 Special Diet/Nutritional Needs: _____
 History of Eating Disorders: _____



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APPLICANT'S PSYCHOSOCIAL HISTORY

HAS THE APPLICANT HAD PROBLEMS WITH:

- | | | |
|--------------------------|------------------------------------|----------------------------------|
| Motor Skills | Victim of Mental Abuse | Fire Setting |
| Accident Prone | Victim of Sexual Abuse | Destroys Property |
| Sleeping | Hearing | Tortures Animals |
| Nightmares | Supposed to use Hearing Aid | Appropriate Expression of Anger |
| Bedwetting (After 6 Yrs) | Currently uses Hearing Aid | Getting along with Childre/Peers |
| Sleepwalking | Vision | Getting along with Siblings |
| Isolation | Supposed to Wear Glasses | Getting Along with Parents |
| Hyperactivity | Currently uses Glasses or Contacts | Sexual Acting Out |
| Concentration | Learning | Speech |
| | | No to All |

APPLICANT'S MEDICATIONS

Medication	Dosage (mg)	Frequency	Type	Reason for Medication

Has the applicant had any surgeries? _____

Has the applicant ever been hospitalized? (Medical, Mental Health, Behavioral) _____

Has the applicant ever broken a bone? _____

Chronic illnesses? _____

Does the applicant have a history of

- | | | |
|---|-----|----|
| Suicidal Ideations/Attempts | YES | NO |
| Homicidal Ideations/Attempts | YES | NO |
| Do you see or hear things that others cannot see or hear? | YES | NO |
| Do you self harm? | YES | NO |

Explain any items marked Yes: _____



New Mexico Job Challenge Academy
Counseling Intake Questionnaire (Page 1 of 2)

Full Name: _____ Date of Birth: _____

EDUCATION & CAREER/MILITARY PATHWAY

Have you completed your HiSET/GED? YES NO

If no, what subjects do you need to pass? _____

What has been most helpful for you when studying for HiSET sections? _____

NMJCA Pathway (check one): CNA Auto Trades

Why did you choose this pathway? _____

What are your career goals after NMJCA: _____

Do you plan to pursue education after NMJCA? (college, trade school, certifications)

Are you interested in military service? YES NO Maybe/Undecided

If YES, which branch? (check one) Army Navy Air Force Marines Coast Guard Space Force
Army National Guard Air National Guard Undecided Reserve/Other:

PERSONAL STRENGTHS

Activities/Skills you enjoy: _____

Supportive people/influences in your life: _____

Achievements you're proud of: _____

CURRENT CONCERNS

Challenges you are facing: _____

What you hope to achieve at NMJCA: _____



New Mexico Job Challenge Academy
Counseling Intake Questionnaire (Page 2 of 2)

COUNSELING & MEDICAL HISTORY

Have you received counseling before? YES NO

If YES, what was most helpful? _____

Current or past mental health diagnoses: _____

Current or past mental health medications: _____

If not currently taking medications, when did you stop? _____

Do you currently use alcohol, tobacco, or other substances? YES NO

If YES, type/frequency: _____

Have you ever received treatment for substance abuse? YES NO

PEER & SOCIAL RELATIONS

How do you consider yourself socially? Outgoing Shy Depends

Have you ever experienced bullying? YES NO

How do you usually handle conflict? _____

FAMILY BACKGROUND

Parents/Guardians: Married Divorced Other

Who do you live with primarily? _____

Family Concerns (check all that apply): Fighting Substance Use Financial Stress Trauma

Other: _____

CANDIDATE GOALS & RESILIENCY

Personal qualities that will help you succeed at NMJCA: _____

Areas of growth you want to focus on (e.g., anger management, stress tolerance, communication):

"I understand that counseling services at NMJCA are designed to support my success in the program. Information I share is confidential except in cases of safety concerns (harm to self/others, abuse, or legal requirements). I acknowledge that I may be referred to outside resources if needed."

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If Applicant is under 18)