



## Stand Up Step Out of Poverty

### Purpose

The **Stand Up Step Out of Poverty Program** is designed to provide eligible individuals with the basic work skills you need now and for your future. A collaborative learning process that incorporates development, mentoring, networking opportunities that will allow you to explore your career choices and develop your aptitude and empower yourself and others. The purpose of this course is to help you identify your work interests and job skills and set you on the path toward finding a job that's right for you.

### Curriculum

The **Stand Up Step Out of Poverty** is a three month program designed to empower participants through curriculum focused on cultivating individual's skills and empower action. Classes are kept intentionally small to encourage self exploration. The curriculum will include one (1) hour per day of classroom time and seven (7) hours of on the job training per day.

### Goals

- 🌈 Prepare individuals for work
- 🌈 Provide individuals with the necessary pre-employment skills
- 🌈 Empower individuals for success

### Participant Benefits

Participants will improve their work skill qualities by increasing their awareness, understanding and knowledge in goal setting, work ethics, resume writing and interviewing skills. Participants will develop their skills in areas of communication, decision making and interpersonal skills. Participants will be paid an hourly stipend for the three month period.

### Participant Commitment

It is important for each participant to embark on this process fully committed to the program and to his or her peers. Attendance at all program events is expected and required during the three month period.

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Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone \_\_\_\_\_



**Stand up Step Out of Poverty**  
**99 Skyview Road**  
**Portageville, MO 63873**

Please fill out the application completely, even if you are submitting a resume. Print (or type) clearly.

\_\_\_\_\_ Date of Application

County: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street/Box # City State Zip

Telephone/Contact Number: \_\_\_\_\_ How did you hear about this program: \_\_\_\_\_

Do you have family members employed by DAEOC? Yes No If so, who? \_\_\_\_\_

Were you previously employed by us? Yes No If so, dates and position \_\_\_\_\_

Are you legally eligible for employment in the USA? Yes No

Do you have a driver's license valid in Missouri? Yes No Classification of License: \_\_\_\_\_

Have you ever been report and/or convicted of Child Abuse or Neglect? Yes No

Have you ever been convicted of a felony? Yes No (Convictions will not necessarily disqualify an applicant for employment)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

School	Name and address of school	Course of study	Last year completed	Diploma/Degree
High School				
College				
Other (Specify)				

Other schools, skills and qualifications:

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**PERSONAL (P) AND Employment (E) REFERENCES**

(Applicant MUST include at least one of each)

P or E	Name and Occupation	Address	Phone Number

**PRESENT AND PAST EMPLOYMENT**

(List present and past employment beginning with the most recent)

Name/Address of company and type of business	From Month/Year	To Month/Year	Starting Salary	Ending Salary	Supervisor _____ Reason for leaving:
_____					Position on Leaving:
_____	Description of duties:				
_____					
Telephone:					
Name/Address of company and type of business	From Month/Year	To Month/Year	Starting Salary	Ending Salary	Supervisor _____ Reason for Leaving:
_____					Position on Leaving:
_____	Description of duties:				
_____					
Telephone:					
Name/Address of company and type of business	From Month/Year	To Month/Year	Starting Salary	Ending Salary	Supervisor _____ Reason for Leaving:
_____					Position on Leaving:
_____	Description of duties:				
_____					
Telephone:					

**ESSAY**

Please complete each of the following questions.

1.) Why are you interested in the Stand Up Step Out of Poverty Program?

2.) How do you feel you can benefit from this program?

3.) Where do you see yourself in the next five years?

I hereby give permission to contact the employers listed above concerning any information DAEOC deems relevant.

I do not wish for the following employer(s) to be contacted (Circle the appropriate number) 1 2 3

\_\_\_\_\_  
Applicant's Signature

Date \_\_\_\_\_