

Date: _____

* Name: _____

Address: _____

Phone: _____

* Citizenship:

Citizen of the U.S.

Alien Status

A Lawful Permanent Resident

Employment Authorization Document

Expiration Date: _____

Asylum Applicant

Asylum Granted

Date Asylum Granted: _____

Paroled

Refugee

Alien#: _____

Date of Entry: _____

* SSN: _____

* Race:

American Indian/Alaskan Native

Asian

Black/African American

Haitian

Multi Racial

Native Hawaiian/Other Pacific Islander

White

* Ethnicity:

Hispanic / Latino Yes No

* Gender: Female Male

Marital Status: Single Married

Separated Divorced

Widowed

* Birth Date: _____

Country of Origin: _____

* Individual with Disability: Yes No

Education

1st Grade 6th Grade 11th Grade Bachelor Degree

2nd Grade 7th Grade 12th Grade Master Degree

3rd Grade 8th Grade GED Doctorate Degree

4th Grade 9th Grade High School No Formal Schooling

5th Grade 10th Grade Associates Degree

Languages

English Speak Read Write

Spanish Speak Read Write

Other Speak Read Write

Work History

Employer's Name	Position Title	Start Date	End Date	Annual Salary

Skills/Duties

Application Questions

Questions	Answers
I am currently employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been laid off from my job	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have registered with Selective Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently or have been in the U.S. Military	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am married to an active/inactive member of the U.S. Military	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions	Answers
I am a Veteran or Vietnam Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently collecting unemployment benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a custodial parent or expectant mother	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a Refugee or non-citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a U.S. citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a victim of domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a Retiree	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a Homemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am an Ex-Offender	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving Cash Assistance (TANF), Food Stamps, SSI or Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently paying or delinquent in child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently enrolled in school or training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any educational certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any training certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special needs that require reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special skills (typing, computer programs), etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Job Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Training Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Resume Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in GED Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Filing for Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Employability Skills Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Transportation Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Expunge and Seal Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Childcare Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Relocation Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Clothing/Uniforms	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attestation Statement:

All of the above information provided on this document is true and correct to the best of my knowledge. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be used for tracking purposes.

Customer Signature

Date

Staff Name

Staff Signature

Date