|  |
| --- |
| Organization Name |

# Workforce One Applicant Information Form

## Applicant Demographic Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | Middle |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | City | State | County | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social Security Number: |  |  | Date of Birth: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If NO, are you authorized to work in the U.S.? | YES | NO |

Alien Registration #/Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender | Male | Female | Other | If you are male, are you registered with the Selective Service? | YES | NO |

Selective Services # (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| What race(s) are you? (Check all that apply) |
| American Indian or Alaska Native | Black or African American | Hawaiian Native or Pacific Islander |
| White or Caucasian | Asian | Other/Prefer Not To Respond |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If other, explain: |  |  | | | | | |
| Are you Hispanic or Latino? | | | YES | NO | | Prefer Not To Respond |
|  | | |  | |  | | |

## Veteran Status

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a veteran of the United States military? | | YES | NO | I am the spouse of a veteran | |
| If YES, Active Start Date: |  | Active End Date: | |  |

Branch of Service Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ War/Campaign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Benefits and Eligibility

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Which of the following describes your living situation? | | | | | | |
|  | I am a single parent living with my child/children | | | | | | |  | I live with my family, but I do not have any children | | | | | | | |
|  | I am in a two-parent family living with my child/children | | | | | | |  | I am not living with any family members | | | | | | | |
|  | I am homeless | | | | | | |  |  | | | | | | | |
|  |  | | | | | | |  |  | | | | | | | |
| How many people are in your family? | | | |  |  | | How many people in your family are under 18? | | | | | |  | |
| What is the annual (yearly) income of all members of your family combined? | | | | | | | | | | |  |
|  | | | | | | | | | | |  |
| Do you receive Social Security Income? | | | YES | NO |  | | | | | Do you receive Medical Assistance? | | YES | | NO | |
| If yes, which type? | | SSDI | | RSDI | |  | | | | Currently enrolled in Diversionary Work Program (DWP)? | | YES | | NO | |
| Do you receive TANF/MFIP benefits? | | YES | | NO |  | | | | | Do you receive SNAP benefits? | | YES | | NO | |
| Do you receive General Assistance? | | | YES | NO |  | | | | | Do you receive Refugee Assistance? | | YES | | NO | |

## Employment History and Skills

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is the highest level of education you’ve completed? | | | | | |
|  | | 1st –11th grade – Specify Grade: \_\_\_\_ | | | |  | 12th grade, no diploma | | | | | | |
|  | | High School Diploma or GED | | | |  | Some college – How many years? \_\_\_ | | | | | | |
|  | | Associates Degree | | | |  | Bachelor’s Degree | | | | | | |
|  | | Education Beyond Bachelor’s Degree | | | |
| Are you currently attending school? YES\_\_\_\_ NO\_\_\_ | | | | | |
| If YES: | | | | | |
| High School | | | | |  | ESL \_\_\_\_\_ (level) | | | | |
| GED | | | | |  | Community College/Technical College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Start Date:\_\_\_\_\_\_\_\_\_ Expected Graduation Date:\_\_\_\_\_\_\_\_\_  Do you have a disability? | | | | | | Financial Aid Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(none, scholarship, student grant, student loan, work study)* | | | | | | | |
|  | | Yes, and it is a barrier to employment | | | |  | Yes, but it is not a barrier to employment | | | | | | |
|  | | No | | | |  | Prefer not to respond | | | | | | |
| What is your Employment Status? | | | | | |
|  | Full-Time | | Part-Time | Unemployed | |  | | Self-Employed (Farm/Non-Farm) | Not in labor force | | | | | |
| Do you receive Unemployment Benefits? | | | | | |
|  | | Yes, claimant referred by RESEA/ WPRS/ Other | | | |  | Yes, but exhausted benefits | | | | | | |
|  | | Yes, but exempt from work search | | | |  | No, neither claimant or exhaustee | | | | | | |
| Have you been unemployed 15 weeks *(3.75 mos.)* or more of the past 52 weeks *(13 mos.)*?  Yes  No  Hourly wage or annual income of current/last job\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |  | |
| Have you ever been convicted of a crime or felon? | | | | | Yes  No | | | | | | | |

## Signature

I certify that the information is true to the best of my knowledge. I am aware that the information I provide is subject to review and certification and I may have to produce documents to support this application. I am also aware that I am subject to termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |  | Date: |  |

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_