|  |
| --- |
| 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

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| 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

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| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_