

VWCC ID# _____

Date: ____/____/____

APPLICATION INFORMATION

First Name _____ Middle Initial _____ Last Name _____
Street Address _____ Apt. # _____ City _____ State _____ Zip Code _____
Phone Number (____) _____ Additional Phone Number (____) _____
Social Security # _____ - _____ - _____ E-Mail Address _____
Date of Birth (mm/dd/yyyy) ____/____/____ Age _____ Gender: Female Male

PERSONAL INFORMATION

US Military Service: Yes No Are you currently? Active Duty Reserve National Guard
VETERAN INFORMATION: Are you a US Military Veteran? Yes No
Branch: Air Force Army Coast Guard Marine Corps Navy Type of Discharge: _____
Reserve/Guard (only): Were you federally activated for a purpose other than training? Yes No Unsure
List Military Service Dates (mm/dd/yyyy): from ____/____/____ to ____/____/____
Do you have a Service-Connected Disability? Yes No If yes, what percent: _____

Ethnicity (Check One): Hispanic or Latino Not Hispanic or Latino
Race (Check One): White Asian Other Black or African American American Indian or Alaskan Native Native Hawaiian or Other Pacific Information Not Available

Have you worked in agriculture or food processing for the last 12 months? Yes No
If you are a male age 18 or older, have you registered for the Selective Service? Yes No
Have you relocated to this area from Puerto Rico or the U.S. Virgin Islands due to Hurricane Irma or Maria in 2017? Yes No
Employed: Yes No Do you have a disability? Yes No Not Disclosed
Citizenship Status: U.S. Citizen Resident Alien (I.D. #) _____ Primary Language: _____
Family Size: _____ (including yourself) Estimate your family income for the last 6 months: _____
Are you receiving any of the following? Yes No TAFDC (cash benefits) EAFDC Food Stamps (SNAP)
 SSI SSDI Severance Pay Child Support Refugee Assistance Unemployment Benefits: approx. # weeks _____
 Workers' Compensation Other (list any other income not listed above) _____

EDUCATION

Are you currently attending school? Yes No (if Yes) Name of School _____ Grade _____
Are you a High School Graduate? Yes No (if No) Highest Grade Completed _____
 High School GED/HiSET Name of School _____ Completion Date _____
Do you have a college degree? Yes No Associate Bachelor Major _____
 Complete Incomplete Name of School _____ Completion Date _____
Do you have an advanced degree? Yes No Master Major _____
 Complete Incomplete Name of School _____ Completion Date _____
Have you ever attended a training program? Yes No
 Vocational/Technical/Certificate program Complete Incomplete
Name of School _____ Completion Date _____
Training Program Information _____

WORK EXPERIENCE

Is this Employer or any of your previous Employers **TRADE** Certified? Yes No Don't Know

(Please list ten years of work history or the last four jobs starting with most recent; we do not contact these employers.)

Name of Employer: _____ Employer's City/State: _____

Job Title: _____ Dates of Employment _____ to _____

Job Duties: _____

Ending Salary: \$ _____ (per hour/week/year?) Medical Benefits? Yes No Hours per Week: _____

Reason for leaving: _____

Name of Employer: _____ Employer's City/State: _____

Job Title: _____ Dates of Employment _____ to _____

Job Duties: _____

Ending Salary: \$ _____ (per hour/week/year?) Medical Benefits? Yes No Hours per Week: _____

Reason for leaving: _____

Name of Employer: _____ Employer's City/State: _____

Job Title: _____ Dates of Employment _____ to _____

Job Duties: _____

Ending Salary: \$ _____ (per hour/week/year?) Medical Benefits? Yes No Hours per Week: _____

Reason for leaving: _____

In order to better assist you with your job search and/or career planning, please tell us if you are working with any of our Partner Agencies below:

- | | |
|--|--|
| <input type="checkbox"/> GLCAC - Greater Lawrence Community Action | <input type="checkbox"/> GLFHC - Greater Lawrence Family Health Center |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> LALC - Lawrence Adult Learning Center |
| <input type="checkbox"/> MCB - Mass Commission for the Blind | <input type="checkbox"/> MRC - Mass Rehabilitation Commission |
| <input type="checkbox"/> MALC - Methuen Adult Learning Center | <input type="checkbox"/> Operation ABL/SCSEP |
| <input type="checkbox"/> VA HUD-VASH | |

DISCLAIMER AND SIGNATURE

Participant agreement: I allow ValleyWorks Career Center to utilize my resume on an applicant tracking system to provide to potential businesses for future employment opportunities. I allow ValleyWorks Career Center to collect information on my eventual employment. I agree to provide ValleyWorks Career Center with information including the starting date, position title, name and address of employer, starting wage and benefits when I next become employed. I agree to this as a condition for using VWCC resources, whether or not employment is a direct result of using VWCC services, resources or referrals, as VWCC is required to report this information to various funding sources, and this information directly impacts future funding for employment and workforce development programs and resources in this region. I also agree to allow VWCC to release employment information to prospective employers. I hereby certify and attest, under penalty of perjury, that I accurately understand the above and that I truly agree to each part of it, and understand that a failure to follow the above agreed to statements concerning the provision of I information and the Center's provision of required information to funding sources, may be grounds for termination from certain services. I acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes. I approve the release of the contents of my application and file to possible education and service providers for the purpose of evaluating my qualifications for their programs. My signature also attests that I have received information regarding my rights to equal opportunity/nondiscrimination and how to file a grievance, including a copy of the notice "Equal Opportunity and the Law" and "How to File a Formal WIOA Complaint/Grievance", and that I understand my social security number is being documented to verify information and for standardized program information reporting purposes; and that I have been supplied with a description of the full array of VWCC services.

Customer's Signature _____ Date _____

VWCC Staff Signature _____ Date _____

Signature of Parent/Guardian required if under 18 years of age _____

Date _____

To be completed by VWCC Staff:

Industry Sector: Healthcare Manufacturing Professional Services/Other Trades

Program Specific: NDWG Trade