

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  Black or African American  Asian  American Indian or Alaskan Native  Other  Native Hawaiian or Other Pacific Islander  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

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 Insurance Benefits: approx. # weeks: \_\_\_\_  
 Workman's 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 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: \_\_\_\_\_

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:**

**About any additional skills/training you may have** \_\_\_\_\_

About any issues you may have such as lack of transportation, lack marketable skills, etc. that you may consider barriers to employment

\_\_\_\_\_

## DISCLAIMER AND SIGNATURE

**Participant agreement:** 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 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

May 31, 2016