

Application for Employment and Training Services

Revised [09/16/19]

Applicant Information			
First Name / Middle Initial / Last Name		Date of Birth	
Address / P. O. Box		City / State / Zip Code	
County of Residence		Cell Phone	Phone Number
Email Address			
Contact Person (who does not live with you)		Relationship	Phone No.
Please check those that apply to you (used for equal opportunity purposes only)			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown/Undisclosed	
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Pacific Islander	
<input type="checkbox"/> Unknown/Undisclosed	<input type="checkbox"/> Other _____		
<input type="checkbox"/> At risk of homelessness	<input type="checkbox"/> Homeless	<input type="checkbox"/> Runaway	
<input type="checkbox"/> Veteran: Active Duty from _____ (mo/day/yr) to _____ (mo/day/yr) <input type="checkbox"/> Other Eligible Veteran <input type="checkbox"/> Spouse of a Veteran <input type="checkbox"/> Spouse of a Deployed Veteran Veteran Status: <input type="checkbox"/> <180 days <input type="checkbox"/> Yes, eligible <input type="checkbox"/> Yes, other <input type="checkbox"/> No TAP Workshop in prior 3 years <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response			
<input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> English Language Learner		<input type="checkbox"/> Limited English reading ability <input type="checkbox"/> Limited English speaking ability	
Primary Language, if other than English: _____			

The Code of Federal Regulations, Title 20, Section 677.175 authorizes this program to request your social security number (SSN). We use your SSN to collect employment and educational outcome information for federal reporting. Your SSN will be used only for this purpose. The state and federal governments use outcome information to evaluate how to best help future program participants.

It is your right to choose not to provide your SSN. If you do not provide your SSN, it will not have any effect on the services you are eligible to receive. Because the program will not be able to use your SSN to collect employment and educational outcome information for federal reporting, you agree to tell staff who contact you after you exit the program: if you are employed, how much you are earning, if you are enrolled in an educational program, and if you have earned any credentials.

Check Yes or No			
• Are you a United States citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Are you affected by substance abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Have you registered with Selective Service (only if male, over 18, and born after 12/31/59)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Have you been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Are you currently on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Do you own a vehicle to get to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Have you been incarcerated within the last 6 months? Date released: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Do you currently hold a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Are you a migrant/seasonal farm worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are you a displaced homemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Are you a foster child receiving government support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are you a non-custodial parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Were you in foster care but have recently aged out of the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Currently Receiving	Received in the past 6 months	Currently receiving
FoodShare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No
FSET (FoodShare employment prog.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Free/Reduced lunch (applicant, not child) <input type="checkbox"/> Yes <input type="checkbox"/> No
State or local income-based assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Insurance* <input type="checkbox"/> Yes <input type="checkbox"/> No
SSI (Supplemental Security Insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trade Adjustment Assistance (TAA) <input type="checkbox"/> Yes <input type="checkbox"/> No
W2/ TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pensions, retirement, or severance <input type="checkbox"/> Yes <input type="checkbox"/> No
If on W2/TANF, are you within 2 years of exhausting lifetime eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other Support: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

*Unemployment Insurance: ☐ UI Claimant ☐ Exhaustee ☐ Neither UI claimant nor exhaustee ☐ UI but exempt from work search



Household Members and Household Income

Name	Relationship	Age	Current hourly , weekly or monthly income	# of weeks employed during last 26 weeks (immediate family only)
	self			

Did all of the people live with you the entire 26 weeks? ☐ Yes ☐ No

Did your family financially support you during the last 26 weeks? ☐ Yes ☐ No

Education Status

Currently in school ☐ Yes ☐ No

Is this an alternative school? ☐ Yes ☐ No

Indicate the highest grade you have completed in school (0-18): _____

Highest degree earned: ☐ GED/HSED ☐ High School Diploma ☐ AA ☐ BA or BS ☐ MA or MS ☐ Ph.D.

Attained Certificate of Attendance/Completion: ☐ Yes ☐ No

Attained Other Post-Secondary Degree/Certificate: ☐ Yes ☐ No

Are you currently taking courses beyond high school? ☐ Yes ☐ No- Last Date in School _____

Work History (beginning with current or most recent employer)

Employer	Employer
Location	Location
Job Title	Job Title
O*NET Code	NAICS Code
Start Date (mo/day/yr)	End Date (mo/day/yr)
Wage	Hours Per Week
Reason for Leaving	Reason for Leaving

Employer	Employer
Location	Location
Job Title	Job Title
Start Date (mo/day/yr)	End Date (mo/day/yr)
Wage	Hours Per Week
Reason for Leaving	Reason for Leaving

Which services are you interested in? You may select more than one.

☐ Job Search Assistance ☐ Apprenticeship Opportunities ☐ GED/HSED ☐ Training ☐ Tuition/Books ☐ Childcare/Transportation

What type of position or training program are you interested in? _____

Applicant Signature: _____

Date: _____



Applicant Name: _____

This information will remain confidential and will only be used in determining eligibility for services and for equal opportunity records.

Additional Applicant Information

- Are you pregnant or parenting? ☐ Yes ☐ No
- Are you a single parent, including single & pregnant? ☐ Yes ☐ No
- Do you have a disability? ☐ Yes ☐ No ☐ Unknown/Undisclosed

If yes, please indicate type of disability (check all that apply):

- ☐ Physical/Chronic Health Condition
- ☐ Physical/Mobility Impairment
- ☐ Mental or Psychiatric
- ☐ Vision Related
- ☐ Hearing Related
- ☐ Learning Disability
- ☐ Cognitive Impairment

Complete only if you answered "yes" to "Do you have a disability?"

- | | |
|---|--|
| <ul style="list-style-type: none"> • Received services from a State Development Disabilities Agency (SDDA)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Received services from a Home & Community Based Service Provider under a State Medicaid Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No • Were you referred to workforce services by Disability Resource Coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> • Received services from a State or Local Mental Health Agency (LSMHA)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Section 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No • Received services from Vocational Rehabilitation (DVR) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Disability Work Setting:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Not Employed <input type="checkbox"/> Group Supported Employment <input type="checkbox"/> Unknown | <ul style="list-style-type: none"> <input type="checkbox"/> Competitive Integrated employment <input type="checkbox"/> Individual supported employment <input type="checkbox"/> Combination of two or more settings |
| <p>Type of customized employment services received</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discovery assessment services <input type="checkbox"/> Employer negotiation services <input type="checkbox"/> No CES services <input type="checkbox"/> Unknown | <ul style="list-style-type: none"> <input type="checkbox"/> Developed a customized employment search plan <input type="checkbox"/> Secured employment as a result of receiving customized employment services and received extended support services |
| <p>Received disability financial capacity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Benefit planning services <input type="checkbox"/> No <input type="checkbox"/> Unknown | <ul style="list-style-type: none"> <input type="checkbox"/> Financial capability/asset development services <input type="checkbox"/> Benefit planning services and financial capability/asset development services |

	Currently Receiving		Received in the past 6 months	
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Insurance Ticket to Work Holder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant Signature: _____ Date: _____

