

Applicant Information		
First Name / Middle Initial / Last Name	Date of Birth	Social Security Number
Address / P. O. Box	City / State / Zip Code	County of Residence
Phone Number	Cell Phone	
Email Address		
Contact Person (who does not live with you)	Relationship	Phone No.

Please check any of the following categories that apply to you (Used for Equal Opportunity purposes only)

- ☐ Male
 ☐ Female
 ☐ Unknown/Undisclosed
 ☐ Limited English Proficiency
 ☐ Homeless
 ☐ English Language Learner
- ☐ Veteran: Active Duty from _____ To _____
 mo/day/yr mo/day/yr
 ☐ Other Eligible Veteran
 ☐ Spouse of a Veteran
 ☐ Spouse of a Deployed Veteran
- ☐ White
 ☐ Black
 ☐ Hispanic
 ☐ American Indian/Alaskan Native
 ☐ Asian
 ☐ Native Hawaiian or Pacific Islander
 ☐ Unknown/Undisclosed

Currently In School ☐ Yes ☐ No

Is this an alternative school? ☐ Yes ☐ No

Select 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 _____

Please check Yes or No

- | | | | |
|---|--|---|--|
| Do you currently hold a valid driver's license? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you a United States Citizen? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you own a vehicle to get to work? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you affected by substance abuse? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you eligible to work in the United States? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you been convicted of a felony or misdemeanor? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you a migrant/seasonal farm worker? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you currently on probation/parole? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you a single parent, including single & pregnant? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you been incarcerated within the last 6 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you a displaced homemaker? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Do you have a disability?* Unknown/Undisclosed <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*If yes for disability, please indicate type of disability: ☐ Physical/Chronic Health Condition ☐ Physical/Mobility Impairment

☐ Mental or Psychiatric ☐ Vision Related ☐ Hearing Related ☐ Learning Disability ☐ Cognitive Impairment

Household Members and Household Income				
Name	Relationship	Age	Current hourly, weekly or monthly income	# of weeks employed during last 26 weeks



Please check yes or no

- Did all of the people live with you the entire 6 months? Yes ☐ No ☐
- Did your family financially support you during the last 6 months? Yes ☐ No ☐
- Are you a foster child receiving government support? Yes ☐ No ☐
- Were you in foster care but have recently aged out of the system? Yes ☐ No ☐
- If you are a male 18 years old or older, born after 12/31/59, have you registered with Selective Service? Yes ☐ No ☐

	Currently Receiving	Received in the past 6 months		Currently receiving
FoodShare	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alimony	Yes <input type="checkbox"/> No <input type="checkbox"/>
SSI (Supplemental Security Insurance)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Free/ Reduced Lunch	Yes <input type="checkbox"/> No <input type="checkbox"/>
SSDI (Social Security Disability Ins)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Unemployment Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
SSI Ticket to Work Holder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trade Adjustment Assistance (TAA)	Yes <input type="checkbox"/> No <input type="checkbox"/>
State or local income-based assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pensions, Retirement, or Severance	Yes <input type="checkbox"/> No <input type="checkbox"/>
W2/ TANF	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	FSET	Yes <input type="checkbox"/> No <input type="checkbox"/>
If on W2/TANF, are you within 2 years of exhausting lifetime eligibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Support: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Work History (Beginning with current or most recent employer)		Number of weeks since last employed: _____	
Employer		Employer	
Location		Location	
Job Title		Job Title	
O*NET Code	NAICS Code	O*NET Code	NAICS Code
Start Date (mo/day/yr)	End Date (mo/day/yr)	Start Date (mo/day/yr)	End Date (mo/day/yr)
Wage	Hours Per Week	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)	Start Date (mo/day/yr)	End Date (mo/day/yr)
Wage	Hours Per Week	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 ☐ GED/Adult HS ☐ Training ☐ Tuition/Books ☐ Childcare/Transportation

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

Applicant Signature: _____

Date: _____

