



## Application (for Workforce Investment Services)

SkillSource is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Name: \_\_\_\_\_ CMS # \_\_\_\_\_

Today's date:		Social security number:	
First name:		Middle Initial:	Last name:
Home phone:		Email address:	
Message phone:			
Mailing Address:		If different, street address :	
City:		City:	
Zip Code:		Zip code:	
Date of birth:		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Are you legally entitled to work in the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Permanent Resident Card? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an Alien Registration Card? <input type="checkbox"/> Yes <input type="checkbox"/> No - Alien Registration Expiration Date _____		<b>Do you have a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, has it caused difficulty finding or keeping employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you currently attending school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes:</b> <input type="checkbox"/> Alternative high school <input type="checkbox"/> High school <input type="checkbox"/> Community college <input type="checkbox"/> Other _____		<b>Education level?</b> <input type="checkbox"/> Dropout Last completed grade _____ <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> AA Degree <input type="checkbox"/> Bachelor's Degree	
<b>Are you registered with Selective Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable (because of age or gender)		<b>Military service?</b> (If Yes please enter dates) <input type="checkbox"/> Yes Date entered Month____Day____Yr____ <input type="checkbox"/> No Date discharged Month____Day____Yr____	
<b>Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Hourly wage \$ _____ Hours per week _____ Employer: _____		<b>Are you receiving unemployment insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Did you lose your last job because of any of the following reasons?</b> <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Plant/Business Closure <input type="checkbox"/> Other reason (please explain): _____ <b>If yes, name of employer:</b> _____ <b>Job title:</b> _____ <b>Employment End Date:</b> _____ <b>Ending wage: \$</b> _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			

<p><b>Are you a migrant or farmworker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: <input type="checkbox"/> Farmworker <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant farmworker</p> <p>Type: <input type="checkbox"/> Food Processing <input type="checkbox"/> Agricultural Production &amp; Services</p>	<p><b>Do you understand English?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If no, do you need an interpreter?</b>  <input type="checkbox"/> Yes What language? _____  <input type="checkbox"/> No</p>												
<p><b>Are you currently receiving a Pell Grant?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>What are you studying? _____</p> <p>Educational Institution? _____</p>	<p><b>Are you currently receiving public assistance?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, what type?</b></p> <p><input type="checkbox"/> TANF \$ _____  - w/in 2 years of exhausting TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> General Assistance \$ _____</p> <p><input type="checkbox"/> Food Stamps \$ _____</p> <p><input type="checkbox"/> Other: _____ \$ _____</p>												
<p><b>Are you homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Live in a temporary shelter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Temporarily staying with friends?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Valid driver's license?</b>  <input type="checkbox"/> Yes State? _____  <input type="checkbox"/> No</p>												
<p><b>Have you been convicted or pled no contest to any criminal offense?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes:</b></p> <p>Date: _____ Are you currently on:</p> <table style="margin-left: 100px;"> <tr> <td>Probation or parole?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Home detention</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Work Release</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Juvenile probation</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>		Probation or parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Home detention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work Release	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Juvenile probation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p><b>Are you a single parent?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>If you are 24 or younger,  Are you pregnant or do you have a child?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you in foster care?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p><b>Back Up Contacts:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1. Name</td> <td style="width: 33%;">Relationship</td> <td style="width: 33%;">Phone #</td> </tr> <tr> <td>2. Name</td> <td>Relationship</td> <td>Phone #</td> </tr> </table>		1. Name	Relationship	Phone #	2. Name	Relationship	Phone #						
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2. Name	Relationship	Phone #											

For Staff Use Only			
Annualized Applicant Income: \$ _____		CASAS Reading Score:	CASAS Math Score:
Family Size _____ Annualized Family Income \$ _____			
<b>Low Income:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Youth 5% Window?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Youth Only:</b> <b>Needs Additional Assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name: \_\_\_\_\_

Enter your WORK HISTORY: all jobs in the last six months and a least your last three jobs (Most recent employer first)

Employer name:	Start date:	End date:
Job title:	Ending salary:	Hours per week:
Reason for leaving:		
Employer name:	Start date:	End date:
Job title:	Ending salary:	Hours per week:
Reason for leaving:		
Employer name:	Start date:	End date:
Job title:	Ending salary:	Hours per week:
Reason for leaving:		

Please describe your EDUCATION and any CERTIFICATES you have earned:

School or College:	
Degree:	Completion Date:
School or College:	
Degree:	Completion Date:
Certificate:	Completion Date:
Certificate:	Completion Date:

Please list everyone living in your household:

Relationship	Last Name	First Name	Age	Dependent? (Y/N)

I certify the information provided is true to the best of my knowledge. I understand that falsification of information on this application shall result in immediate termination of services, and I may be subject to prosecution under the law. I am also aware the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand it will be used to determine eligibility. I understand services are subject to availability of federal funds. I have been advised of equal opportunity, appeal rights, and the Privacy Act of 1974.

Signature:	Date:
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## **SkillSource Data Sharing Notice**

The information you provide us is private and confidential and will be shared among SkillSource partners to facilitate the delivery of services to you. Examples of SkillSource partners are community colleges, community service organizations, the Department of Social and Health Services (DSHS), and the Division of Vocational Rehabilitation within DSHS, and WorkSource. The information will be shared with SkillSource partners only for the purpose of providing you employment and training-related services.

The information we will share includes personal information you provide such as your name, address and Social Security Number, other relevant identifying information, and your employment and educational history. Sharing of the information among SkillSource partners allows you to receive services from them without having to give the same information to each of the partners.

By contract, SkillSource partners are prohibited from further disclosing this information. This information is not subject to disclosure under the Public Records Act (RCW 42.17.310).

You may ask us to not share your information and we will honor that request, and your eligibility for services will not be affected. However, in order to take advantage of the services SkillSource partners offer, you will need to give each of them information about yourself. Unless you ask us to not share your information, the relevant information will be shared with our SkillSource partners, so they can assist you in employment and training-related services.

Please be advised that even if you ask us to not share your information with SkillSource partners, your information may be shared or disclosed as otherwise required by state or federal law. (AG version, 8/1/00)

I authorize sharing my data with SkillSource partners.

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Signature Date

Parent authorization:

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Signature Date



## Income & Family Size Worksheet

Name \_\_\_\_\_ Date \_\_\_\_\_ Family Size: \_\_\_\_\_

Please list all income received by family members in the last six months.

From \_\_\_\_\_ to \_\_\_\_\_

(Bring verification documents for public assistance, food stamps and any of the includable income except wages)

FAMILY MEMBER	NAME (SELF):	NAME:	NAME:	NAME:
<b><u>INCLUDABLE</u></b>				
Wages ( before deductions)				
Self-Employment (net)				
Alimony/Maintenance				
Military Allotment				
Pension				
Income from rents/annuities				
Interest, dividends, lottery winnings				
Veteran Benefits				
Disability/Health Payments				
Scholarships/Grants (Except PELL grants)				
Unemployment (UI)				
Child Support				
Old Age & Survivors Insurance (OASI)				
Social Security Disability (SSDI)				
<b>TOTAL LAST 6 MONTHS</b>				
<b><u>EXCLUDABLE</u></b>				
Public Assistance				
Food Stamps				
Payments from training program				
PELL Grants				
Terminal leave pay				
Supplemental Security Income (SSI)				
Military Allowance				
Other				
<b>TOTAL LAST 6 MONTHS</b>				

I attest that the information stated above is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize release of any information requested by the SkillSource from your agency that is pertinent to my application and verification needs. I also waive all rights of confidentiality involving my case record with SkillSource.

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Name (Please Print)

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Signature

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Date

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Social Security Number

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Place and Date of Birth