

EMPLOYMENT SERVICE REGISTRATION

Today's Date: _____

PARTICIPANT INFORMATION

Full Name (*First, M.I., Last*): _____

Address (*No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Social Security Number (*Last 4 Digits*): _____ Date of Birth: _____ Gender: M F

Email Address: _____

Phone Number: _____ Alternate Phone Number: _____

Race (*Optional*), select one or more:

- Asian Black or African American Hawaiian or Other Pacific Islander American Indian/Alaska Native
 White Other: _____

Ethnicity (*Optional*):

- Hispanic/Latino Non-Hispanic/Non-Latino

Do you have a disability? Yes No If Yes: Physical Mental Both

Are you single, separated, divorced, or widowed with primary responsibility of one or more dependents under the age of 18? Yes No If Yes, number in family: _____

VETERAN INFORMATION (Active Guard / Reserve)

Have you served on active duty with the U.S. Armed Forces? Yes No

If Yes, complete Section 1 of the Addendum (*pg. 3*)

Are you a spouse or widow of a veteran? Yes No If Yes, complete Section 2 of the Addendum (*pg. 3*)

MIGRANT/SEASONAL FARMWORKER

Do you believe you are a migrant or seasonal farm worker? Yes No

If Yes, complete Section 3 of the Addendum (*pg. 3*)

EMPLOYMENT STATUS

| | Yes | No | | Yes | No |
|--|-----|----|--|-----|----|
| Are you employed? | | | Are you a U.S. Citizen? | | |
| Were you laid off? | | | If No, are you authorized to work in the U. S.? and What is your Alien Certification number? | | |
| How many weeks have you been unemployed? | | | | | |
| Are you an Interstate Worker? | | | Males over 18 years old: | | |
| Are you receiving Unemployment Benefits? | | | Are you registered with Selective Service? | | |

PUBLIC ASSISTANCE INFORMATION

(If you have applied or are receiving any of the following services - Check all that apply)

| | | | |
|---|--|--------------------------------------|--|
| Supplemental Security Income (SSI) | | General Assistance | |
| Temporary Assistance for Needy Families (TANF) Number of months: | | Medical Assistance | |
| | | Nutritional Assistance (Food Stamps) | |
| Social Security Disability | | Subsidized Housing | |

Full Name (First, M.I., Last): _____ Soc. Sec. No. (Last 4 Digits): _____

| NEEDS AND BARRIERS (Check all that apply) | | | |
|---|--|--|--|
| Deficient in basic literacy skills | | Substance abuse | |
| Limited English language proficiency Primary language: _____ | | Poor work history or prospects | |
| | | Child care | |
| Dropped out of school | | Transportation | |
| Runaway | | Older worker | |
| Pregnant or parenting youth | | Veteran with significant employment barriers | |
| Does your child receive TANF | | Cultural, social, or geographic isolation | |
| Offender | | Other: _____ | |

EDUCATION

Currently attending school: Yes No Highest school grade completed: _____
 High School: _____ City: _____ State: _____
 From: _____ To: _____ Graduate: Yes No Degree earned: _____
 College: _____ City: _____ State: _____
 From: _____ To: _____ Graduate: Yes No Degree earned: _____
 Certifications: _____ Vocational Training: _____

PREVIOUS EMPLOYMENT (Work Experience 1)

Company: _____ Phone No.: _____
 City: _____ State: _____ Supervisor: _____
 Job Title: _____ Starting Salary: _____ Ending Salary: _____
 Responsibilities: _____

 From: _____ To: _____ Reason for leaving: _____

PREVIOUS EMPLOYMENT (Work Experience 2)

Company: _____ Phone No.: _____
 City: _____ State: _____ Supervisor: _____
 Job Title: _____ Starting Salary: _____ Ending Salary: _____
 Responsibilities: _____

 From: _____ To: _____ Reason for leaving: _____

If more space is needed for work experiences, please use a separate sheet of paper.

Full Name (First, M.I., Last): _____ Soc. Sec. No. (Last 4 Digits): _____

SECTION 1 – VETERAN INFORMATION (Active / Guard Reserve)

Select your branch of service: US Air Force US Army US Coast Guard US Marine US Navy

Active Duty Start Date: _____

Active Duty Service End Date - Or - Projected Date - Or - Retirement Date: _____

What was your character of discharge? Honorable Dishonorable Other: _____

| | Yes | No |
|--|-----|----|
| Will you be separating from active duty within the next 12 months? | | |
| Will you be retiring from the military within the next 24 months? | | |
| Are you currently a participant in the Transition Assistance Program? | | |
| Are you homeless? | | |
| Are you entitled to compensation for a disability incurred while on active military duty? | | |
| Were you discharged/released from active military duty because of a disability incurred while on active duty? | | |
| Have you received a rating for a disability incurred while on active duty that is not entitled to compensation? | | |
| Are you entitled to compensation for a disability incurred while on active duty and the disability is rated 30% or higher? | | |
| Has your disability been rated at less than 30%, and has the Department of Veterans' Affairs classified you a 'Special Disabled Veteran' because the disability incurred while on active duty is considered a serious barrier to employment? | | |

SECTION 2 – SPOUSE OF A VETERAN

Are you the spouse of any member of the Armed Forces serving on active duty who, at the time of this registration, has been in any one or more of the following categories for more than 90 days?

- Captured in the line of duty by a hostile force
- Forcibly detained or interned in the line of duty by a foreign government or power
- Missing in Action
- No

| | Yes | No |
|--|-----|----|
| Are you the spouse of any person who died on active duty or of a military service-connected disability? | | |
| Are you the spouse of any person who has a total disability permanent in nature resulting from a military service-connected disability? | | |
| Are you the spouse of a veteran who died while diagnosed with total disability permanent in nature resulting from a military service-connected disability? | | |
| Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service? | | |

Full Name (*First, M.I., Last*): _____ Soc. Sec. No. (*Last 4 Digits*): _____

SECTION 3 – MIGRANT SEASONAL FARMWORKER

Certain types of seasonal agricultural work may qualify workers for additional services. Seasonal means temporary jobs which had a need of less than one year in duration, excluding job termination.

Note: Agricultural work is defined as having worked in the farming of cash grain crops such as: wheat, corn, soybeans, field crops such as cotton, potato, alfalfa, hay, and beets; vegetable crops such as: tomato, beans, broccoli, cucumber, peas, lettuce, and cabbage; or fruits and nuts such as grapes, berries, pecan/walnuts, citrus, apples, pears, peaches and melons. Working in a nursery with bulbs, flowers, green house and bedding plants may qualify. Livestock farming such as dairy, cattle, sheep, turkeys and chickens, hogs, feedlots, and poultry hatcheries may qualify, as well as crop harvesting such as: plowing, fertilizer application, aerial spraying, crop thinning, or detasseling. Crop preparation such as pellet milling, grain fumigation, cleaning, or grinding may qualify as well.

****Grass mowing, tree trimming, and sod growing do not qualify as agricultural work.**

Migrant food processing includes working in canneries or packing sheds but would not include working in places like Frito-Lay, fruit stands, Quaker Oaks, or similar establishments. Work in any food processing plant must have been both seasonal AND migrant (*worker was provided housing as he/she was unable to commute to his/her permanent residence on a daily basis*).

| | Yes | No |
|---|-----|----|
| Did you work at least 25 days in any seasonal, agricultural jobs during the past year? | | |
| Did you earn at least \$800 in any seasonal, agricultural jobs during the past year? | | |
| Did you work in a food processing plant on seasonal & migrant basis during the past year? | | |
| Was at least 50% of your past year's income earned by working in agriculture? | | |
| Was at least 50% of your past year's total work time in agricultural work? | | |
| Did you work for more than one agricultural employer? | | |