

Applicant Data Input



Registration Date _____

Social Security Number: _____

Check all that apply and fill in blanks when applicable. Please PRINT.

Telephone number/s:

Name: _____
(Last, First, Middle Initial)

Home: (____) _____ - _____

Work: (____) _____ - _____

Cell: (____) _____ - _____

Email Address: _____

Address: Home Work Other

(Street, Apt. #, PO Box) _____

City _____ State _____ Zip _____ County _____

Date of Birth (mo/day/yr) _____

Are you a U.S. Citizen: YES NO

You will be required to provide identification and evidence of employment eligibility.

Secondary Contact Person/Information:

Name: _____

Employment Status: Employed;
 Unemployed

(Street, Apt. #, PO Box) _____

Gender: Male Female

City _____ State _____ Zip _____ County _____

Telephone Number: _____ Email: _____

Providing the information in this section is **voluntary**, and is used for statistical purposes only:

Do you have a disability? YES NO

Please check all races that you feel apply to you.

Hispanic or Latino: YES NO Race: White Black Asian American Indian or Alaska Native

Native Hawaiian/Other Pacific Islander

Education: In-school Not In-school High School Grad or GED? YES NO Highest grade completed _____

Achieved Post Secondary Degree or Certificate: YES NO

If YES, Degree/Certificate Type: _____ School/Institution Name: _____

Course Name: _____ Date Completed: _____

Please check any that apply:

- I am willing to relocate
- I have an automobile
- I have other means of transportation, type: _____
- I have an occupational license, type: _____
- I have tools for my occupation
- I have a Driver's License
- I have a Commercial Driver's License, class _____

Shift preference: 1st 2nd 3rd any shift

What days are you willing to work?

- Monday Friday
- Tuesday Saturday
- Wednesday Sunday
- Thursday Any

List any special knowledge, abilities or training you have.

Type of work desired and months experience you have.

a. _____ months exp. ____
b. _____ months exp. ____
c. _____ months exp. ____

What is the **minimum starting wage** you will accept? \$ _____ per (hour, week, month, year)

How far are you willing to **commute**? (One way): _____ miles

Please list any machines or tools you can use. _____

In what counties are you willing to accept work: _____

Work History: Start with your last job. List those jobs that are most important and lasted the longest. Include military.

Company Name _____ **City** _____ **State** _____

Job Title: _____ **Dates of employment:** from _____ to _____

Rate of pay: _____ Full or Part-Time Describe your duties, include machines and equipment you used:

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Providing the information in this section is voluntary and is used for statistical purposes only. Proof of Veteran Status is required in order to receive priority in the providing of services by this agency.

Veteran or Other Eligible: YES NO

If you checked "YES" above, supply the following information: Branch: _____ Rank: _____

Dates of Service (From _____ to _____) Type of Discharge: _____

Campaign Badge: YES NO

Do you have a Service Connected Disability? YES NO If YES list % _____

Office Use Only

Occup code _____ exp. _____

Occup code _____ exp. _____

Occup code _____ exp. _____