

# WORKFORCE APPLICATION

ASSIGNED TO: \_\_\_\_\_

DATE: \_\_\_\_\_

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Resident Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**How did you hear of WIA?**

<input type="checkbox"/> Texas Workforce Commission	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio Station	<input type="checkbox"/> Prospective Employer
<input type="checkbox"/> Texas Dept. of Human Services	<input type="checkbox"/> Friend	<input type="checkbox"/> Other	Please specify _____

**Date of birth:** \_\_\_\_\_ Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ How old are you today? \_\_\_\_\_

**Gender:** Male  Female

**Ethnic Group: (Check One)**

<input type="checkbox"/> White (not Hispanic)	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Black (not Hispanic)	<input type="checkbox"/> Asian or Pacific Islander	

Are you an American Citizen?.....  Yes  No

If no, what documentation do you have for work? \_\_\_\_\_

Do you have an arrest record? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you ever been arrested for an offense other than a misdemeanor? ....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving Unemployment Compensation? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you exhausted a claim for Unemployment Compensation? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If male, have you registered for the Selective Service? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is your registration number? _____		

**The following item is a voluntary disclosure and the disability information is not required for provision of services by the Brazos Valley Workforce Center.**

Do you have any physical or mental handicap? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is this disability a substantial barrier to employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been a participant in the CHOICES program in the last 6 months? ....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other substantial barriers to employment, such as: displaced homemaker, substance abuse or homeless? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a foster child? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your ability to communicate in English limited, resulting in a job handicap?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a runaway youth? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you under 22 and pregnant or a parent? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received Food Stamps in the last 6 months? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Over the last 2 years, have you worked for any single employer for more than 3 months in a row? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**WORKFORCE APPLICATION**

Was this termination a result of a permanent closure or any substantial layoff at a plant or facility?  Yes  No

Were you formerly self-employed but presently unemployed? .....  Yes  No

Are you, or a member of your family who lives in your household, formerly self-employed? .....  Yes  No

Have you participated in any JTPA/WIA activities? .....  Yes  No

If yes, what type of training did you take?

**List all persons living in your household related to you by blood, marriage or adoption who are presently employed or have worked in the last 6 months.**

Name	Relationship	Social Security #	DOB
------	--------------	-------------------	-----

Employer Name	Start Date	End Date	Hours per Week	Wage Per Hour
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Name	Relationship	Social Security #	DOB
------	--------------	-------------------	-----

Employer Name	Start Date	End Date	Hours per Week	Wage Per Hour
---------------	------------	----------	----------------	---------------

Name	Relationship	Social Security #	DOB
------	--------------	-------------------	-----

Employer Name	Start Date	End Date	Hours per Week	Wage Per Hour
---------------	------------	----------	----------------	---------------

**List all persons living in your household related to you by blood, marriage or adoption who have not worked in the last 6 months.**

Name	Relationship	Social Security #	DOB
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Name	Relationship	Social Security #	DOB
------	--------------	-------------------	-----

Name	Relationship	Social Security #	DOB
------	--------------	-------------------	-----

Name	Relationship	Social Security #	DOB
------	--------------	-------------------	-----

Name	Relationship	Social Security #	DOB
------	--------------	-------------------	-----

Name	Relationship	Social Security #	DOB
------	--------------	-------------------	-----

Name	Relationship	Social Security #	DOB
------	--------------	-------------------	-----

**WORKFORCE APPLICATION**

**EMPLOYMENT HISTORY**

List every job held in the last 3 years. List most current job first

**1. Company Name**

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Supervisor's Name

---

Street Address

---

City, State

---

Area Code (        ) Phone #

---

Starting Date: Month        Day        Year

---

Ending Date: Month        Day        Year

---

Job Title

---

Duties

---

Wage per Hour \$

---

Average Hours per Week

---

Full Time		Part Time	
-----------	--	-----------	--

---

Total Earnings \$

---

Reason for Termination

---

**2. Company Name**

---

Supervisor's Name

---

Street Address

---

City, State

---

Area Code (        ) Phone #

---

Starting Date: Month        Day        Year

---

Ending Date: Month        Day        Year

---

Job Title

---

Duties

---

Wage per Hour \$

---

Average Hours per Week

---

Full Time		Part Time	
-----------	--	-----------	--

---

Total Earnings \$

---

Reason for Termination

---

**3. Company Name**

---

Supervisor's Name

---

Street Address

---

City, State

---

Area Code (        ) Phone #

---

Starting Date: Month        Day        Year

---

Ending Date: Month        Day        Year

---

Job Title

---

Duties

---

Wage per Hour \$

---

Average Hours per Week

---

Full Time		Part Time	
-----------	--	-----------	--

---

Total Earnings \$

---

Reason for Termination

---

**4. Company Name**

---

Supervisor's Name

---

Street Address

---

City, State

---

Area Code (        ) Phone #

---

Starting Date: Month        Day        Year

---

Ending Date: Month        Day        Year

---

Job Title

---

Duties

---

Wage per Hour \$

---

Average Hours per Week

---

Full Time		Part Time	
-----------	--	-----------	--

---

Total Earnings \$

---

Reason for Termination

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I certify that the information reported in this document is accurate and true to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Workforce Solutions Brazos Valley is an equal opportunity employer and provides equal opportunity employment programs. Auxiliary aids are available upon request to disabled individuals.  
 Texas Relay (800) 735-2989 TDD (800) 735-2988 Voice