

PROGRAM APPLICATION

Name: _____ Social Security #: _____
Last First MI

Home Phone: (____) _____ Message Phone: (____) _____

Residence: _____ Zip
Number Street City, ST.

Birth Date: ____/____/____ Age: ____ Male: ____ Female: ____ Transgender: ____

Citizenship: U.S. Citizen: ____ I-94 ____ Resident Alien: ____

School Status: 0-8th grade ____ 2-9th grade ____ High School Graduate (GED) ____
Some College ____ Trade School ____ College Graduate ____ Master Degree ____

Race/Ethnic Group: African American ____ Caucasian ____ Hispanic ____ Asian ____ Filipino ____
American Indian/Alaskan ____ Pacific Islander ____ Other ____

Primary Language: English ____ Russian ____ Spanish ____ French ____ Armenian ____

Income: Are You Employed? Yes ____ No ____ If no, Date Became Unemployed ____/____/____

Were you laid off your Last job? Yes ____ No ____ (Dislocated Worker)

Do You Receive, or have you recently exhausted unemployment Benefits? Yes ____ No ____

Do you receive public assistance? Yes ____ No ____ If yes, how long? _____

Are you a West Hollywood Resident? Yes ____ No ____ Can you provide us with address verification? Yes ____ No ____

Do you have any restrictions performing certain jobs? Yes ____ No ____ Explain restrictions _____

Have you ever been convicted of a crime? Yes ____ No ____ Felony ____ Non-Felony ____

Selective Service: Are you a veteran of the armed forces? Yes ____ No ____

If yes, Date of Separation ____/____/____

Selective services registrant? Yes ____ No ____ If Yes, Registrant# _____

Family Status: Single ____ Married ____ Divorced ____ Widowed ____

Of persons in household ____ # of dependents ____ (List names on reverse)

How did you hear about us?

- | | | |
|---|---|--|
| <input type="checkbox"/> EDD | <input type="checkbox"/> City of West Hollywood | <input type="checkbox"/> Events _____ |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Friend or Family | <input type="checkbox"/> Magazines _____ |
| <input type="checkbox"/> DPSS | <input type="checkbox"/> Website | <input type="checkbox"/> Radio _____ |
| <input type="checkbox"/> School _____ | <input type="checkbox"/> Los Angeles County Kiosk | <input type="checkbox"/> Flyer _____ |
| <input type="checkbox"/> Electronic Mail _____ | <input type="checkbox"/> Bus/Transit Ad _____ | <input type="checkbox"/> Website |
| <input type="checkbox"/> WIA Partner | <input type="checkbox"/> Other Worksource | <input type="checkbox"/> Other government agency |
| <input type="checkbox"/> Community Based Organization | | <input type="checkbox"/> Chamber of Commerce |

I CERTIFY THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THE INFORMATION PROVIDED IS SUBJECT TO REVIEW AND VERIFICATION AND I MAY HAVE TO PROVIDE DOCUMENTS TO SUPPORT THIS APPLICATION. I AM AWARE THAT I AM SUBJECT TO IMMEDIATE TERMINATION IF I AM FOUND INELIGIBLE AFTER ENROLLMENT AND MAY BE PROSECUTED FOR FRAUD AND/OR PERJURY. I ALLOW THE RELEASE OF THIS INFORMATION FOR VERIFICATION PURPOSES AND UNDERSTAND THAT IT WILL BE USED TO DETERMINE ELIGIBILITY. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY BUT NECESSARY FOR YOUR ENROLLMENT.

APPLICANT'S SIGNATURE

DATE

Do you have a disability? Yes___ NO___

Please indicate your preference in disclosing this information and if you desire special accommodations.

EQUAL OPPORTUNITY POLICY: JVS/WH Worksource is an Equal Opportunity Organization. It our policy to abide by all Federal, State, and Local laws concerning discrimination.

COMPLAINT POLICY: If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to file a complaint. If you wish to file a complaint, please see a staff member for assistance.

CONFIDENTIALITY: JVS/WH Worksource uses the information you give us on this form to help you find employment and training. The information on this form is also available to authorized Federal, State, and Local government employees, subcontractors, and satellite centers whose job requires this information.

PLEASE INITIAL HERE___if you agree to let us release your resume/employment history to potential employers.

- Registered with CalJobs
- Attended Resume Workshop
- Attended Interview Workshop

Special Programs

Do you live Supervisory District III? Yes___ No___ Unsure___

Need emergency housing? Yes___ No___

Are you currently or ever have been in a Rehabilitation/Recovery Facility? Yes___ No___

Discharge Date _____

Former foster child, 18-21 years old? Yes___ No___

West Hollywood Employment Services and Training

For Office Use Only

Pro_____ Class _____ DOT1 _____ DOT2_____

English Level _____ Referral_____ Ethnicity _____ Language_____