



Application for Employment Services

To the Applicant: All sections of this form must be completed. Information provided is subject to verification.

Today's Date:	How did you hear about this program/U.S.VETS?
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Section 1 – Personal Information

Name:		Social Security Number:	
Birthdate (Month/Day/Year):		Telephone:	
Street Address:		Email	
City:	State:	Zip Code:	
<p>Race: _____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Applicant Refused</p> <p><input type="checkbox"/> DNK</p> <p><input type="checkbox"/> No, Hispanic/Latin(a)(o)(x)</p> <p><input type="checkbox"/> Yes, Hispanic/Latin(a)(o)(x)</p>		<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender - Female</p> <p><input type="checkbox"/> Transgender - Male</p> <p><input type="checkbox"/> Applicant Refused</p> <p><input type="checkbox"/> Applicant Does Not Know</p> <p><input type="checkbox"/> Gender not singularly Male or Female</p> <p><input type="checkbox"/> Questioning</p> <p><input type="checkbox"/> Data Not Collected</p>	

Section 2 – Veteran Information

Are you a Veteran? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, provide veteran Branch of Service and Service Dates:	

Section 3 – Employment Services

Are you looking to go back to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need training to go back to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have reliable transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have reliable childcare (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Section 4 – Signature(s)

I understand that employment services provided by U.S.VETS is voluntary. Should I choose to participate and obtain employment, I will submit an employment verification to U.S.VETS and will update my employment status quarterly up to one year after placement.

Signature of Applicant:	Date:
Printed Name of Applicant:	

FOR AGENCY USE ONLY

Program Eligible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Status Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Assigned Program: CDI
Signature of U.S.VETS Team Member: <i>Dylan J. Streets</i>		Date: