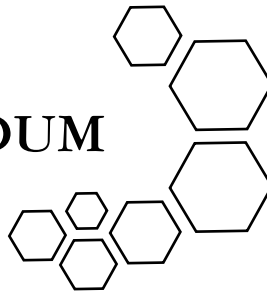


WORK ADDENDUM



We are trying to know our customers better. Please complete the questions below to help us understand more about your work search. Workforce Solutions appreciates your cooperation!

I certify that the information given here is true and correct: (Check one that applies)

US citizen Non-citizen authorized to work in the US

18 years or older (Check one) Yes No

Veteran who served in the active military, naval, or air service or a qualified spouse.
(Check one) Yes No If yes, complete and sign page 2.

Are you presently employed? Yes No

If you are employed, do you believe that you need services from Workforce Solutions to help you to get a better job, or keep a job to support yourself and your family? Yes No N/A

If you are employed, have you received a lay-off notice? Yes No N/A

If yes, name of company _____

If unemployed, why did you leave your last job? Quit Lay-off Fired N/A

Date you left your last job _____

What is your most recent occupation? _____

Have you been unable to find work in your most recent occupation or industry? Yes No

How much experience do you have in the above occupation? _____

What kind of work do you hope to find? _____

Do you believe that you may have been unsuccessful in your job search to date, because of:

A need for more basic education Yes No

A need for additional job skills Yes No

A need for improved job search skills Yes No

Who referred you to Workforce Solutions? _____

What is the primary service you hope to receive from us? _____

I understand "Equal Opportunity is the Law"

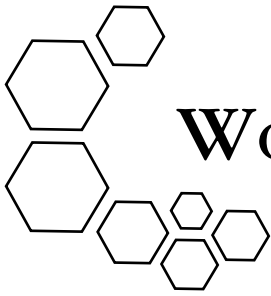
Signature _____ Date _____

Print Name _____ SSN (optional) _____

FOR STAFF USE ONLY

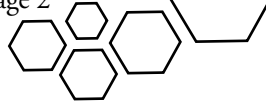
Registration for selective service has been verified for male registrants over 18 years old born after January 1, 1960.
Selective service registration may be verified at www.sss.gov

Date verified: _____ Verified by: (staff signature) _____



WORK ADDENDUM

page 2



Workforce Solutions is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Texas Relay Numbers: 1-800-735-2989 (TDD) 1-800-735-2988 (voice) 711

Veterans and Qualified Spouses

Eligible veterans and their qualified spouses receive preference for service when Workforce Solutions has limited resources. Please check a box below if it describes you.

- Federal Qualified Veteran – I served in the active military, naval, or air service and was discharged or released there from under conditions other than dishonorable as specified at 38 U.S.C. 101(2). Active services include full-time duty in the National Guard or Reserve component, other than full-time for training purposes.
- State Qualified Veteran
 - I served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability
 - I was honorably discharged from military service, and
 - I am competent
- Federal Qualified Spouse
 - I am the spouse of a veteran who died of a service-connected disability
 - I am the spouse of a member of the Armed Forces serving on active duty who is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
 - Missing in action
 - Captured in line of duty by a hostile force, or
 - Forcibly detained or interned in line of duty by a foreign government or power
 - I am the spouse of a veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veteran Affairs
 - I am the spouse of a veteran who died while a total disability resulting from a service-connected disability, as evaluated by the Department of Veteran Affairs, was in existence

I (print your name) _____ attest that I meet the definition marked above and the associated eligibility criteria. I certify the information stated above is true and accurate to the best of my knowledge, and I understand that if I have misrepresented myself, there may be grounds for immediate termination or services and/or penalties as specified by law.

I understand “Equal Opportunity is the Law”

Customer’s Signature _____ Date _____

FOR STAFF USE ONLY

I certify that the information recorded on this form was provided by the individual whose signature appears above.

Staff Signature _____

Print Name _____ Date _____