

We want to know our customers better. Please complete the questions below to help us understand more about your employment goal. Workforce Solutions appreciates your cooperation!

U.S. citizen Non-citizen authorized to work in the U.S.

Gender: Male Female

Date of birth (month/day/year): ____/____/____

Race: White Black/African American Asian American Indian/Alaskan Native Hawaiian Native/Pacific Islander

Ethnicity: Hispanic? Yes No

Do you have a disability? Yes No

Are you a foster youth or former foster youth? Yes No

Have you received public assistance in the last 6 months? Yes No If yes, please identify: SNAP TANF SSI

Other public assistance: _____

Are you behind in math, reading or language skills? Yes No

Veteran who served in the active military, naval, or air service or a qualified spouse? Yes (If yes, complete/sign page 3.) No

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

Are you presently employed, or do you have a job offer to start work in the next 30 days? Yes No

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

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

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: ____/____/____

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

What is your most recent occupation? _____

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

What kind of work do you hope to find? _____

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

Need more basic education Yes No

Need additional job skills Yes No

Need improved job search skills Yes No

I received, read, and signed a copy of the "Orientation to Discrimination Complaint Procedures" form.

I certify the information given above is true and correct:

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.

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

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/State Qualified Veteran – I served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable as specified at 38 U.S.C. 101(2). Active service includes full-time duty in the National Guard or Reserve component, other than full-time for training purposes.
- 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 at the time of application for priority, 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.
- State Qualified Spouse
 - I am a spouse who meets the definition of a federal qualified spouse.
 - I am the spouse of any member of the Armed Forces who died while serving on active military, naval, or air service.

I (print your name): _____ attest that I meet the definition marked above and the associated eligibility criteria for veterans and qualified spouses. 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 I must report any change in my veteran status to Workforce Solutions within 10 calendar days. I further understand that if the definition marked above is based on a military record that I know is fraudulent, fictitious, or has been revoked, I also may be subjected to penalties as provided in Acts 2011, 82nd Legislature, Chapter 386 (SB 431), as codified in Texas Penal Code Section 32.54.

- I understand “Equal Opportunity is the Law.”

Customer’s Signature: _____ Date: _____

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- The information recorded on this form was provided by the individual whose signature appears above.

Staff Signature: _____

Print Name: _____ Date: _____

WORKFORCE INNOVATION AND OPPORTUNITY ACT AUTHORIZATION TO WORK - CHECKLIST

Copies of the appropriate documents must be maintained in the customer's official record.

For individuals to participate in Workforce Innovation and Opportunity Act programs, they must be authorized to work in the United States. Please complete the following form, choosing one item from List A, or one item from List B and one item from List C.

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Print Name: Last First MI Maiden Name

Date of Birth (month/day/year)

Social Security Number

All documents must be unexpired

LIST A	LIST B	LIST C
Documents That Establish Both Identity and Employment Eligibility	Documents That Establish Identity	Documents That Establish Employment Eligibility
OR		
AND		
<input type="checkbox"/> U.S. Passport or U.S. Passport Card <input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551) <input type="checkbox"/> Foreign Passport, that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigration visa <input type="checkbox"/> Employment Authorization Document that contains a Photograph (Form I-766) <input type="checkbox"/> In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form <input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<input type="checkbox"/> Driver's License or ID Card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address <input type="checkbox"/> ID Card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address <input type="checkbox"/> School ID Card with a photograph <input type="checkbox"/> Voter's Registration Card <input type="checkbox"/> U.S. Military Card or Draft Record <input type="checkbox"/> Military Dependent's ID Card <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Driver's License issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: <input type="checkbox"/> School record or report card <input type="checkbox"/> Clinic, doctor, or hospital record <input type="checkbox"/> Day care or nursery school record	<input type="checkbox"/> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States <input type="checkbox"/> Certificate of Birth Abroad issued by the Department of Homeland Security (Forms FS-545 or FS-240) <input type="checkbox"/> Certification of Report of Birth issued by the Department of Homeland Security (Form DS-1350) <input type="checkbox"/> Original or certified copy of a birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> U.S. Citizen ID Card (INS Form I-197) <input type="checkbox"/> Identification Card for use of Resident Citizen in the United States (Form I-179) <input type="checkbox"/> A letter of certification issued by the Department of Health and Human Services (Human Trafficking) <input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security <input type="checkbox"/> Screenprint of UI screen <i>Current Claim Status</i> <input type="checkbox"/> UI award letter <input type="checkbox"/> Expedited Eligibility through TAA <input type="checkbox"/> Expedited Eligibility for RESEA customers outreached within the last 10 weeks

Workforce Solutions Staff Signature

Print Name

Date