

@LIKE PROGRAM APPLICATION

Program Site: Please put in Site Name and Location: _____

PLEASE ANSWER ALL QUESTIONS - PLEASE PRINT LEGIBLY – INFORMATION IS CONFIDENTIAL

Name: _____ SSN: _____ D.O.B.: _____

Residence Address: _____
(City, State, Zip Code)

Phone: _____ ()Cell ()Home **Alternate Contact:** _____

Mailing Address: _____
(City, State, Zip Code)

Email Address: _____ (MANDATORY) Age: _____ Gender: M F

Selective Service Status (Males only): Registered Not Registered Exempt

Citizenship: U.S. Citizen Documented Alien/A#: _____ Expiration Date: _____

Race: Hispanic African American American Indian Asian Hawaiian White I do not wish to answer.

Do you have a disability or any limitations? Yes No If Yes, please describe: _____

(This information is voluntary and will only be used in connection with record keeping and equal opportunity requirements.)

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Have you served the U.S. Military, Naval or Air Service? No Yes<= 180 days Yes, Eligible Veteran

Yes, Other Eligible Person More than 1 tour of duty **Dates of Service:** _____

Type: Campaign Veteran Vietnam-era Veteran Not Applicable

Disabled Veteran? No Yes, Disability Rating: _____% Yes, (greater than 30%)

Are you a recently separated Veteran (within last 48 months)? Yes No

Employment Status: I Have NEVER worked

Have you ever applied for Unemployment Compensation? Yes No

If Yes, please check one: Current Not Eligible Exhausted Claimant/Pending Determination

Highest Grade Completed: _____ GED Diploma Left HS before graduating Post High School

Do you or your family receive **any** type of Public Assistance? Yes No Check ALL that apply below:

TANF SSI/SSDI Refugee Cash Assistance General Assistance Food Stamps Pell Grant

Do you live on your own? Yes No How many children do you have under the age of 18: _____

Do you live with a relative? Yes No Were you formerly in foster care? Yes No

***I CERTIFY the information stated above is true and correct to the best of my knowledge and am aware that this information may be shared with the necessary @LIKE program partners for the provision of comprehensive workforce development services.**

***I acknowledge that I have received copies of: 1) Civil Rights-Grievance Notification; 2) Equal Opportunity is the Law.**

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF @LIKE STAFF: _____ DATE: _____

*Equal opportunity Employer/Program auxiliary aides and services are available upon request to individuals with disabilities.