

@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.