

**WORKFORCE SOLUTIONS  
Pre-Application**

**STEP 1.** Complete "WIOA Pre-Application" Form, make sure you read and sign the Orientation to Complaint Procedure on the backside.

**STEP 2.** Complete "Applicant Statement of Family Status" (If not on Food Stamps, SSI or TANF) Page #4

**STEP 3.** Gather the following documents:

- Social Security Card (No metal Cards)
- Birth Certificate or other U.S. Residence Documents (I-551, I-151, I-94, I-688, etc.)
- Proof of Selective Service Registration (Males 18 years of age or older born after January 1, 1960). You can register with us if you have not yet done so.
- Proof of income for the past 26 weeks as of date of application. Recipients of TANF or Food Stamps need not bring in any income documentation. For wages, you may use check stubs or the Employment /Income Verification Form (provided at the center).
- High School Diploma or School Transcript
- I.D. (School, DPS, or Drivers License)

**STEP 4.** Fill out the Employment Work History, if you have never worked, indicate so by writing down "have never worked".

**STEP 5.** Complete the Telephone Back up Contacts form making sure you include the addresses for your contacts

**STEP 6.** Once you have completed and gathered all of the above documents, come and see us at the following location:

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**STEP 7.** Make sure you bring all your original documents to the appointment.

**STEP 8.** The certification process should take about one hour; a parent or legal guardian must accompany you if you are under 18 and unmarried.

**Note:** Do not use any white out on the Employment/Income Verification or the Applicant Statement of Family Status forms.

We are available to answer any questions at our office located at:

**Workforce Solutions**  
1310 W. Viggie  
Hebbronville, Texas  
Mon.-Fri. 8:00 am to 5:00 pm  
Phone (361) 527-4632  
Fax (361) 527-4954

**Workforce Solutions**  
2389 East Saunders  
Laredo, Texas  
Mon.-Fri. 8:00 am to 5:00 pm  
Phone (956) 794-6500  
Fax (956) 727-1070

**Workforce Solutions**  
605 US Highway 83 Ste. B  
Zapata, Texas  
Mon.-Fri. 8:00 am to 5:00 pm  
Phone (956) 765-1804  
Fax (956) 765-3273

SECTION I - IDENTIFYING INFORMATION

1. Applicant Last Name: First: Middle:
2. Social Security Number: 3. Phone: ( )
4. Permanent Address/Box: City/State/Zip: County:
5. Your Address/Box (if different): City/State/Zip: County:

SECTION II - INDIVIDUAL CHARACTERISTICS

6. Date of Birth: Age: Place of Birth:
7. Sex: Male Female 8. Ethnic Group: White Black Hispanic Amer. Indian/Alaskan Native Asian Pacific Islander
9. Are you a U.S. citizen? Yes No If no, you must present proof of your Alien Registration/Eligible Non-Citizen Status.
10. Are you a Veteran? Yes No 11. Are you a Migrant Yes No 12. Are you disabled? Yes No If yes, complete Section VII
13. Are you registered with the U.S. Selective Service? Yes No (All males born on or after January 1, 1960, who have reached their 18th birthday must register with the U.S. Selective Service, you may register at TWC).

SECTION III - EDUCATION

14. What is the highest grade level you have completed in school?
15. Have you graduated from High School? Yes No If No, Check one: Completed GED Still attending High School or below
16. Do you have a College Degree or Training Certificate? Yes No If yes, what degree and what major

Table with 7 columns: Name, SSN, DOB, Age, Relationship, Total Income (for last 6 months), Where did the income come from?
17. List all persons (including yourself) living in your house who are related to you by blood, marriage, or adoption:

17a. Do you or your family receive Food Stamps? Yes No 17b. Do you or your family receive TANF? Yes No

SECTION IV - PLACEMENT INFORMATION

18. What skills do you possess? Typing (wpm) Computer Language Other
19. What type of training would you prefer, such as: clerical, computer, etc.
20. How would you like to be trained? (Check one or more) Vocational Classroom Training On-the-Job Training
Basic Skills (reading/math) Classroom Training GED Training How to Search for Jobs Classroom Training
21. Are other members of your family applying for these jobs? Yes No If yes, who?
22. Have you been laid off in the past five years? Yes No 23. Have you ever been arrested? Yes No Convicted? Yes No

SECTION V - RELATIONSHIP TO BOARD MEMBERS AND TWC STAFF

24. Are you related to any elected Board Member or employee? Yes No or are you related to any TWC employee? Yes No
If yes, to whom are you related? What is his/her position? How are you related?

SECTION VI - CERTIFICATE AND AUTHORIZATION

I (We) understand and agree that I (We) may be terminated from, or denied access to WIA program(s) as a result of incomplete or false information on this or any other form(s) used to determine my eligibility for WIA program(s). I (We) further understand and agree that this type of action may result in my (our) being fined, imprisoned or both, under U.S. Criminal Code.
I (We) hereby give the Texas Workforce Center, permission to verify information that I (We) submit on any WIA application material(s). This includes but is not limited to permission to contact the U.S. Selective Service System to verify registration, if required and enter said registration on my behalf if I have not registered by my 18th Birthday.
I (We) understand and agree that my (our) signature authorizes release of information and obtaining information pertaining to services in the WIA program, including but not limited to TAKS scores, grades, report cards, attendance reports, changes such as address, phone and etc...
I (We) understand and agree that my (our) eligibility and continued eligibility, once placed in WIA program(s), is dependent upon availability of funds and approved contracts and agreements.
I, THE APPLICANT, VERIFY THAT I HAVE READ THE ORIENTATION TO COMPLAINT PROCEDURE ON THE REVERSE SIDE OF THIS AND THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENTS.
I (We) certify that to the best of my (our) knowledge, the above information is complete, correct, and true.
Signature of Applicant Date
Signature of Parent or Legal Guardian, if applicable Date

NOTE: Your parent or guardian must sign form if you are under 18 years of age. If you are under 18 years of age, your parents or guardian must also be with you when you are applying for WIA services. If you are married, this does not apply.
DO NOT SIGN THIS FORM UNTIL YOU HAVE READ THE ORIENTATION TO COMPLAINT PROCEDURE ON THE REVERSE SIDE OF THIS FORM
ALSO BE SURE YOU RECEIVE A COPY OF THIS FORM AFTER YOU SIGN IT.

SECTION VII

Individual with Disability: Yes, and a substantial barrier to employment.
Yes, but not a substantial barrier to employment

**WORKFORCE SOLUTIONS FOR SOUTH TEXAS BOARD  
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM  
(29 CFR Part 38)**

This Orientation to Discrimination Complaint Procedures form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

**Workforce Innovation and Opportunity Act (WIOA)  
Temporary Assistance for Needy Families (TANF) / CHOICES  
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)  
Child Care Services (CC)  
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)**

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

**Workforce Solutions for South Texas Board  
1701 E. Hillside Rd.  
Laredo, Texas 78041**

**Equal Opportunity (EO) Officer: Bertha Millan  
Telephone Number: (956) 722-3973  
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)**

The Workforce Solutions for South Texas Board (the Board) shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

**Texas Workforce Commission (TWC)  
Equal Opportunity Monitoring  
101 E. 15<sup>th</sup> St., Room 242-T  
Austin, TX 78778-0001**

**Telephone Numbers:  
(512) 463-2400  
Relay Texas: 1-800-735-2989  
TTY 1-800-735-2988 (Voice)**

**EQUAL OPPORTUNITY IS THE LAW**

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

**What to do if you believe you have experienced discrimination.** If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**PROCEDURES ON HOW TO FILE A COMPLAINT**

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):**

If you think you have been subjected to equal opportunity discrimination under a WIOA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):**

If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care (CC) program or activity receiving federal financial assistance, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or U.S. Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):**

If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

**Please do not sign this notice until you have read it and understand its contents.**

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity Is the Law. I affirm that I have read the *Orientation to Discrimination Complaint Procedures Form* and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, this form is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**WORKFORCE SOLUTIONS FOR SOUTH TEXAS BOARD  
FORMULARIO PARA LA ORIENTACIÓN A LOS PROCEDIMIENTOS DE QUEJA  
DE DISCRIMINACIÓN  
(29 CFR Part 38)**

Este Formulario para la Orientación a los Procedimientos de Queja de Discriminación explica los procedimientos de queja de discriminación para los programas y los servicios mencionados administrados en el Local Workforce Development Area por el Workforce Development Board y sus contratistas:

**Workforce Innovation and Opportunity Act (WIOA)  
Temporary Assistance for Needy Families (TANF) / CHOICES  
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)  
Child Care Services (CC)  
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)**

RECIPIENTE DEL APOYO FINANCIERO FEDERAL ES:

**Workforce Solutions for South Texas Board  
1701 E. Hillside Rd.  
Laredo, Texas 78041**

**Oficial de Igualdad de Oportunidades (EO): Bertha Millan  
Número telefónico: (956) 722-3973  
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voz)**

El Workforce Solutions for South Texas Board (el Board) resolverá quejas de la igualdad de oportunidades de una manera justa y expedita. Se prohíben los actos de internamiento, de interferencia, de la coerción, de la discriminación, o de la represalia hacia los denunciantes que ejercitan sus derechos de presentar una queja conforme a este procedimiento. Este procedimiento se aplica a todos los aspirantes y participantes que tengan causa para presentar una queja de la discriminación relacionada con las actividades o los programas administrados por el Board. Si tiene una queja de la igualdad de oportunidades referente a cualquiera de estos programas, puede presentar su queja oficial por escrito al Oficial de EO del Board o del contratista, como sea apropiado.

Después de que se haya recibido su queja de la igualdad de oportunidades, el oficial del EO le notificará del paso siguiente en el proceso de la queja. Mientras desea perseguir su queja, el Board o el contratista seguirá los pasos descritos abajo. Debe estudiar el procedimiento de queja de la discriminación cuidadosamente, y si se siente que los pasos requeridos no se están siguiendo, póngase en contacto con el oficial del EO. Recuerde que si se siente que no le están proporcionando bastante ayuda en cualquier etapa del proceso de la queja, usted debe ponerse en contacto con:

**Texas Workforce Commission (TWC)  
Equal Opportunity Monitoring  
101 E. 15<sup>th</sup> St., Room 242-T  
Austin, TX 78778-0001**

**Números telefónicos:  
512-463-2400  
Relay Texas: 1-800-735-2989  
TTY 1-800-735-2988 (Voz)**

**LA IGUALDAD DE OPORTUNIDADES ES LA LEY**

El destinatario de asistencia financiera del Gobierno Federal tiene prohibido por ley discriminar, con base en los conceptos a continuación: discriminar a cualquier persona en los Estados Unidos por motivos de su raza, color, religión, sexo, origen nacional, edad, incapacidad, afiliación o ideología política; discriminar a cualquier beneficiario de programas que cuenten con apoyo financiero a tenor del Título I de la Acta Fuerza Laboral de Innovación y Oportunidad (Workforce Innovation and Opportunity Act o WIOA), por motivo de la ciudadanía o calidad migratoria del beneficiario en tanto inmigrante legalmente autorizado para trabajar en los Estados Unidos; o por motivo de su participación en cualquier programa o actividad que cuente con apoyo financiero a tenor del Título I de la WIOA. El destinatario de tal asistencia no debe discriminar en ninguno de los conceptos a continuación: en decidir quiénes han de ser admitidos o tener acceso a cualquier programa o actividad que cuente con apoyo financiero a tenor del Título I de la WIOA; en la provisión de oportunidades en tal programa o actividad y en el trato a cualquier personal con respecto al programa o actividad; o en la toma de decisiones de empleo en la administración de tal programa o actividad o con respecto al mismo.

**Qué hacer si usted cree haber sido discriminado/a:** Si cree haber sufrido discriminación en un programa o actividad con apoyo financiado a tenor del Título I de la WIOA, puede presentar una queja, dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con el Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, D.C. 20210. Si presenta su queja con el destinatario de asistencia federal, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en la más temprana de las dos fechas) antes de presentar su queja al CRC). Si el destinatario de asistencia federal no le entrega un Aviso de Acción Definitiva por escrito dentro de los 90 días de la fecha de presentación de su queja, usted no tiene obligación de esperar a que el destinatario le expida dicho Aviso para presentar una queja con el CRC. Por otra parte, la queja con el CRC debe presentarse dentro de los 30 días del vencimiento del plazo de 90 días, es decir, dentro de 120 días a partir de la fecha en que presentó su queja con el destinatario. Si éste le entrega un Aviso de Acción Definitiva por escrito con respecto a su queja y usted sigue inconforme con la decisión o resolución, puede presentar una queja con el CRC. Hay que presentarla dentro de los 30 días subsiguientes a la fecha en que recibió el Aviso de Acción Definitiva.

**INSTRUCCIONES DETALLADAS PARA CLASIFICAR UNA QUEJA**

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) y TRADE READJUSTMENT ALLOWANCES (TRA):**

Si cree haber sufrido discriminación en un programa o actividad con apoyo financiero a tenor del Título I de la WIOA o TAA/TRA, puede presentar una queja dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con el Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Si presenta su queja con el destinatario de asistencia federal o su contratista, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) antes de presentar su queja al CRC. Si el destinatario de asistencia federal no le entrega un Aviso de Acción Definitiva por escrito dentro de los 90 días de la fecha de presentación de su queja, usted puede presentar una queja con el CRC. La queja CRC debe presentarse dentro de los 30 días del vencimiento del plazo de 90 días, es decir, dentro de 120 días a partir de la fecha en que presentó su queja con el destinatario. Si éste le entrega un Aviso de Acción Definitiva por escrito con respecto a su queja y usted sigue inconforme con la decisión o resolución, puede presentar una queja con el CRC. Hay que presentarla con el CRC dentro de los 30 días subsiguientes a la fecha en que recibió el Aviso de Acción Definitiva.

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):**

Si cree haber sufrido discriminación en un programa o actividad a tenor TANF/Choices y/o Child Care Services (CC) que recibe asistencia financiera federal, puede presentar una queja, dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con la Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Si cree haber sufrido discriminación en un programa o actividad a tenor de la CC que recibe asistencia financiera federal de USDA, puede proponerse en contacto con el U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. Si presenta su queja con el destinatario de asistencia federal, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) antes de presentar su queja al U.S. Dept. of Health and Human Services.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):**

Si cree haber sufrido discriminación en un programa o actividad con apoyo financiero a tenor del programa SNAP E&T, puede presentar una queja, dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con el U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o llame al 202-260-1026. Si presenta su queja con el destinatario de asistencia federal o su contratista, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) antes de presentar su queja al U.S. Dept. of Agriculture.

**Favor de no firmar sin haber leído este aviso y haber comprendido su contenido.**

Por mi firma abajo, reconozco esta orientación al procedimiento de queja de la discriminación y la declaración con respecto a que la igualdad de oportunidades es la ley. Afirmo que he leído el *Formulario para la Orientación a los Procedimientos de Queja de Discriminación* y que me han dado la oportunidad de hacer preguntas acerca de su contenido. Entiendo que el formulario One-Stop no es solicitud para trabajo; se utiliza para determinar mi elegibilidad para recibir servicios de programa y para cumplir con requisitos federales de información. Entiendo también que la falta de proporcionar la información pedida puede evitar que reciba servicios.

Firma del solicitante

Nombre en letra de molde

Fecha

**EMPLEADOR CON IGUALDAD DE OPORTUNIDAD DE EMPLEO/PROGRAMAS  
Ayudas auxiliares y servicios están disponibles a petición para individuos con incapacidades  
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voz); 1-800-622-4954 (Español)**

Agosto 2015

## WORKFORCE INNOVATION AND OPPORTUNITY ACT SELF-ATTESTATION OF FAMILY STATUS

IDENTIFYING INFORMATION		
Job Seeker Name:		
	Last	First MI
SSN:		Application Date:

**To be completed by WIOA job seeker with Workforce Solutions Office Staff assistance:**

For use in completing this form, the following definition applies:

FAMILY is defined as two or more individuals related by blood, marriage, or decree of court, who are living in a single residence and are included in one or more of the following categories:

- Two married individuals and dependent children;
- A parent or guardian and dependent children; and
- Two married individuals.

In a situation in which a job seeker is claiming, for the purpose of defining his or her family, to be in a common-law marriage, written attestation must be obtained from both parties affirming the fact.

Please provide information regarding the job seeker's family as requested below (see instructions):

FAMILY MEMBER NAME(S)	RELATIONSHIP TO JOB SEEKER

Please complete the following information for family members not currently residing in the job seeker's residence (see instructions).

NAME	LOCATION	REASON

I attest that to the best of my knowledge the information above is true and correct.

\_\_\_\_\_  
(Signature of Job Seeker)

\_\_\_\_\_  
(Date)

**CORROBORATING WITNESS** – I attest that to the best of my knowledge the information above is true and correct.

Name _____	Signature _____
Street Address _____	City, State, Zip _____
Telephone Number _____	Relationship to Job Seeker _____

# EMPLOYMENT HISTORY WORKSHEET

## IDENTIFYING INFORMATION

Applicant's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Application Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## EMPLOYMENT HISTORY (LIST MOST CURRENT JOB FIRST)

1.

Company Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ (Area Code) Telephone (\_\_\_\_\_) \_\_\_\_\_  
City, State \_\_\_\_\_ Working Title \_\_\_\_\_  
Starting Date \_\_\_ / \_\_\_ / \_\_\_ Ending Date \_\_\_ / \_\_\_ / \_\_\_ Duties \_\_\_\_\_  
Average Wage/Hour: \$ \_\_\_\_\_. \_\_\_\_      Average Hours/Week \_\_\_\_ Reason for Termination \_\_\_\_\_  
Full-Time \_\_\_\_\_      Part Time \_\_\_\_\_

2.

Company Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ (Area Code) Telephone (\_\_\_\_\_) \_\_\_\_\_  
City, State \_\_\_\_\_ Working Title \_\_\_\_\_  
Starting Date \_\_\_ / \_\_\_ / \_\_\_ Ending Date \_\_\_ / \_\_\_ / \_\_\_ Duties \_\_\_\_\_  
Average Wage/Hour: \$ \_\_\_\_\_. \_\_\_\_      Average Hours/Week \_\_\_\_ Reason for Termination \_\_\_\_\_  
Full-Time \_\_\_\_\_      Part Time \_\_\_\_\_

3.

Company Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ (Area Code) Telephone (\_\_\_\_\_) \_\_\_\_\_  
City, State \_\_\_\_\_ Working Title \_\_\_\_\_  
Starting Date \_\_\_ / \_\_\_ / \_\_\_ Ending Date \_\_\_ / \_\_\_ / \_\_\_ Duties \_\_\_\_\_  
Average Wage/Hour: \$ \_\_\_\_\_. \_\_\_\_      Average Hours/Week \_\_\_\_ Reason for Termination \_\_\_\_\_  
Full-Time \_\_\_\_\_      Part Time \_\_\_\_\_

4.

Company Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ (Area Code) Telephone (\_\_\_\_\_) \_\_\_\_\_  
City, State \_\_\_\_\_ Working Title \_\_\_\_\_  
Starting Date \_\_\_ / \_\_\_ / \_\_\_ Ending Date \_\_\_ / \_\_\_ / \_\_\_ Duties \_\_\_\_\_  
Average Wage/Hour: \$ \_\_\_\_\_. \_\_\_\_      Average Hours/Week \_\_\_\_ Reason for Termination \_\_\_\_\_  
Full-Time \_\_\_\_\_      Part Time \_\_\_\_\_

WORKFORCE SOLUTIONS FOR SOUTH TEXAS  
WIOA  
TELEPHONE BACK-UPS

To the applicant:

Please write your name and phone number on the blanks provides:

Name of applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School currently attending: \_\_\_\_\_

List the name and phone number of two people, with a phone number different that yours, we can call in the event we need to contact you. Please list only people who are willing and able to forward a message to you in a timely manner.

BACK UP CONTACTS:

<b>PRIMARY</b>		
_____	_____	_____
First Name	Last Name	Relationship
_____	_____	_____
Street Name	City/State/Zip	Phone

<b>SECONDARY</b>		
_____	_____	_____
First Name	Last Name	Relationship
_____	_____	_____
Street Name	City/State/Zip	Phone