

SA02

SERVICE SEEKER REGISTRATION

DATE:

SOCIAL SECURITY NUMBER		NAME		DATE OF BIRTH		GENDER	
LAST	FIRST	INITIAL	MONTH	DAY	YEAR	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
RACE:		<input type="checkbox"/> NTV AM/AL	<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLACK	<input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER	<input type="checkbox"/> WHITE	<input type="checkbox"/> OTHER
HOME STREET ADDRESS		CITY		STATE		ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		STATE		ZIP CODE	
WHEN TO CALL		DAYTIME PHONE		NIGHTTIME PHONE		FAX	
<input type="checkbox"/> DAY	<input type="checkbox"/> NIGHT	<input type="checkbox"/> BOTH	() -	() -	() -	E-MAIL	

PLEASE CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING QUESTIONS:

1. DO YOU GIVE US PERMISSION TO RELEASE INFORMATION CONTAINED IN THIS APPLICATION TO EMPLOYERS AND OTHER WIA SERVICE PROVIDERS?	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE YOU EMPLOYED?	<input type="checkbox"/>	<input type="checkbox"/>
3. ARE YOU DRAWING UNEMPLOYMENT BENEFITS?	<input type="checkbox"/>	<input type="checkbox"/>
4. ARE YOU REGISTERED WITH SELECTIVE SERVICE?	<input type="checkbox"/>	<input type="checkbox"/>
5. ARE YOU A STUDENT?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE YOU A MILITARY VETERAN?	<input type="checkbox"/>	<input type="checkbox"/>

7. IF YOU ANSWERED "YES" TO QUESTION #6, PLEASE ENTER
 BRANCH OF SERVICE: _____ SERVICE FROM: _____ TO _____
 TYPE OF DISCHARGE: _____ MONTH _____ DAY _____ YEAR _____ MONTH _____ DAY _____ YEAR _____

8. DO YOU HAVE A SERVICE CONNECTED DISABILITY? YES NO IF YES, WHAT PERCENTAGE: _____

9. ARE YOU A UNITED STATES CITIZEN? YES NO

10. IF YOU ANSWERED "NO" TO #9, PLEASE ENTER: ALIEN NUMBER: _____ INS NUMBER: _____

MESC-AWS-511a (r.5/25/04)

SA03 WORK EXPERIENCE
 PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR PRESENT AND PAST EMPLOYMENT. PLEASE BE AS DETAILED AS POSSIBLE.
 USE ADDITIONAL PAGES IF NEEDED.

EMPLOYER	(FOR OFFICIAL USE ONLY) I.D. #		EMPLOYER	(FOR OFFICIAL USE ONLY) I.D. #	
CITY/STATE			CITY/STATE		
JOB TITLE	DURATION		JOB TITLE	DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HOLD A LICENSE FOR THIS OCCUPATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
START DATE:	END DATE:	\$	START DATE:	END DATE:	\$
REASON FOR LEAVING (CIRCLE ONE) – LAYOFF <input type="checkbox"/>	FIRED <input type="checkbox"/>	QUIT <input type="checkbox"/>	REASON FOR LEAVING (CIRCLE ONE) – LAYOFF <input type="checkbox"/>	FIRED <input type="checkbox"/>	QUIT <input type="checkbox"/>
OTHER <input type="checkbox"/>	TERMINATED <input type="checkbox"/>		OTHER <input type="checkbox"/>	TERMINATED <input type="checkbox"/>	
DESCRIBE YOUR DUTIES:			DESCRIBE YOUR DUTIES:		

EMPLOYER	(FOR OFFICIAL USE ONLY) I.D. #		EMPLOYER	(FOR OFFICIAL USE ONLY) I.D. #	
CITY/STATE			CITY/STATE		
JOB TITLE	DURATION		JOB TITLE	DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HOLD A LICENSE FOR THIS OCCUPATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
START DATE:	END DATE:	\$	START DATE:	END DATE:	\$
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OTHER <input type="checkbox"/>	TERMINATED <input type="checkbox"/>		OTHER <input type="checkbox"/>	TERMINATED <input type="checkbox"/>	
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CITY/STATE			CITY/STATE		
JOB TITLE	DURATION		JOB TITLE	DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HOLD A LICENSE FOR THIS OCCUPATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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CITY/STATE			CITY/STATE		
JOB TITLE	DURATION		JOB TITLE	DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HOLD A LICENSE FOR THIS OCCUPATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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OTHER <input type="checkbox"/>	TERMINATED <input type="checkbox"/>		OTHER <input type="checkbox"/>	TERMINATED <input type="checkbox"/>	
DESCRIBE YOUR DUTIES:			DESCRIBE YOUR DUTIES:		

SA04 SERVICE SEEKER EDUCATION

SCHOOL ATTENDED	SCHOOL ADDRESS	DATES ATTENDED (MO/YR)	MAJOR
		FROM: TO:	
		FROM: TO:	
		FROM: TO:	

LANGUAGES: List any foreign languages that you are able to SPEAK, READ, or WRITE. INDICATE "YES" OR "NO"

LANGUAGE	SPEAK		READ		WRITE	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

TDWA WIN Job Centers

Registration

WIA ADULT	Job Center Staff Only					
WIA DISLOCATED WORKER	ES	UI	MDRS	JOB CORPS	TAA	YOUTH REFERRAL

SSN: _____ / _____ / _____ Name: _____
Last First M.I.

Address: _____ City: _____ State _____ ZIP: _____

Your County: _____ Your Telephone: (____) _____ - _____

Your E-Mail Address: _____

Are you currently receiving Unemployment Insurance? Y N
 Are you a student? Y N
 Do you have a current Driver's License? Y N
 Regular Commercial Class: A B C D R
 Endorsements: E H N P T X

Contact Information

Contact Person: _____
 (This cannot be you and the telephone number cannot be your telephone number.)

Phone: (____) _____ - _____ Relationship: _____

13. Age _____	14. Date of Birth _____/_____/_____ (mm/dd/yyyy)	15. Gender <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	16. Citizenship <input type="checkbox"/> 1. Citizen <input type="checkbox"/> 2. Eligible Non-Citizen <input type="checkbox"/> 3. Neither	17. Selective Service or Draft Status <input type="checkbox"/> 1. Registered <input type="checkbox"/> 2. Not Registered <input type="checkbox"/> 3. N/A	18. Ethnicity Hispanic Or Latino <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
19. Individual With a Disability <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. Yes, Impediment to Employment <input type="checkbox"/> 3. No		20. Veteran Status <input type="checkbox"/> 1. Yes < 180 Days <input type="checkbox"/> 2. Yes > 180 Days <input type="checkbox"/> 3. No	21. Campaign Vet <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. Yes, Vietnam-era <input type="checkbox"/> 3. No	22. Disabled Veteran <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. Yes, Spec. Disabled <input type="checkbox"/> 3. No	18A. Race/Ethnicity/ (mark one or more) <input type="checkbox"/> 1. American Indian/Alaskan <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Hawaiian Native/Pacific Islander <input type="checkbox"/> 5. White	
23. Recently Separated Veteran <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	24. Labor Force Status <input type="checkbox"/> 1. Employed <input type="checkbox"/> 2. Unemployed	25. Metropolitan Resident <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	26. Number In Household _____	27. Family Status <input type="checkbox"/> 1. Single Parent <input type="checkbox"/> 2. 2 Parent family <input type="checkbox"/> 3. Other Family Member <input type="checkbox"/> 4. Not a Family Member	28. Last Year's Household Income _____	
29. Low Income <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Cash Assistance (check all that apply) <input type="checkbox"/> 30. Tanf <input type="checkbox"/> 31. SSI <input type="checkbox"/> 32. Food Stamps <input type="checkbox"/> 33. Refugee Cash Asst. <input type="checkbox"/> 34. Foster Child		35. Hourly Pay On Last Job \$ _____	36. Limited English <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	37. Highest Grade Completed _____ <input type="checkbox"/> HS or GED <input type="checkbox"/> AA. Degree <input type="checkbox"/> B.S. Degree <input type="checkbox"/> Other	38. Unemployment Compensation <input type="checkbox"/> 1. Claimant <input type="checkbox"/> 2. Exhaustee <input type="checkbox"/> 3. Not Applicable

Have you ever been laid off from a job? _____ Employer Name: _____

Date of Lay-off: _____ Wage at Layoff: _____ Reason for Layoff: _____

Job History (Most Recent Job First)

Employer: _____ City: _____ State: _____

Job Title: _____ License Required Y N

Start Date: _____ / _____ / _____ End Date: _____ / _____ / _____ Rate of pay: _____ Per Year

Reason for leaving : Layoff Date: _____ Fired Quit Other _____

Describe your duties: _____

Employer: _____ City: _____ State: _____

Job Title: _____ License Required Y N

Start Date: _____ End Date: _____ Rate of pay: _____ Per Hour _____

Reason for leaving : Layoff Date: _____ Fired Quit Other _____

Describe your duties: _____

Please list the types of work you wish to apply for and the amount of experience you have for each type:

Type of Work	Months Experience	Type of Work	Months Experience	Type of Work	Months Experience

Please list vocational schools attended, certification and/or degree received: _____

What is the minimum pay you will accept? \$ _____ per Year _____. What days and shifts are you able to work? _____

What counties in Mississippi are you available for work? _____

ATTESTATION:

I hereby certify, to the best of my knowledge, the above information is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status and cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required or approval to obtain such. I understand that any information provided may be shared with other federal, state and local or non-governmental agencies.

I agree to advise the WIN Job Center of any address or phone number changes during the time I am in WIA.

I understand that someone representing the Employment Training Division will contact me after I exit the program and agree to provide them with information about my employment status and earnings.

I understand that someone will contact me after I exit the program to perform a Customer Satisfaction Survey.

I have received a copy of the grievance procedure and understand that any grievance concerning WIA must be addressed following the procedure explained on the **Grievance Form**.

SIGNATURE

DATE

WIN Job Center Representative

(Items Below are for STAFF USE ONLY)

39. Referred by WPRS __ 1. Yes __ 2. No	40. Homeless __ 1. Yes __ 2. No	41. Determined Eligible For Adult __ 1. Yes __ 2. No	42. Determined Eligible For Younger Youth __ 1. Yes __ 2. No	43. Determined Eligible For Older Youth __ 1. Yes __ 2. No
44. Determined Eligible for Dislocation __ 1. Yes __ 2. No	Referred by Rapid Response __ 1. Yes __ 2. No	Displaced Homemaker __ 1. Yes __ 2. No	45. Dislocated Worker Date _____ (mm/dd/yy) Wage _____ per hour	

Enrollment Date	Anticipated Exit Date (6 Mo.)	Exit Date	1 st Qtr. After Exit	3 rd Qtr. After Exit	5 th Qtr. After Exit