

Please complete all following fields clearly and neatly

Applicant Information

Applicant Name: _____ Phone _____

Address: _____
 Street City State Zip

Date of Birth (mm/dd/yy): _____ Are you a US Citizen? Yes No

Are you a Veteran? Yes No If Yes, Date of Discharge (mm/dd/yy): _____

Have Diploma or GED? Yes No Additional Education: _____

How many members are in the household? _____

Total estimated annual household income (all employment income)? _____

Employment History

Most Current Job Title: _____ Employer: _____

Hourly Wage of Most Current Job: _____ Hours per Week of Most Current Job: _____

Currently Employed? Yes No If No, Last Day Worked (mm/yy): _____

Have you collect Unemployment Compensation in the past 6 months? Yes No

Are you receiving additional income from supplemental work? Yes No

Additional Income

Are you or any household member receiving any of the following (Check all that apply):

- | | |
|----------------------------------------------------|-----------------------------------------------------|
| Unemployment Compensation <input type="checkbox"/> | Food Stamps <input type="checkbox"/> |
| Workers Compensation <input type="checkbox"/> | Cash Assistance <input type="checkbox"/> |
| Severance Pay <input type="checkbox"/> | Child Support <input type="checkbox"/> |
| Pension <input type="checkbox"/> | Spousal Support <input type="checkbox"/> |
| Social Security <input type="checkbox"/> | Social Security Disability <input type="checkbox"/> |

Staff Use Only

Client PID: _____ Contact Date: _____

Fully registered on www.pacareerlink.pa.gov Yes No Has Resume? Yes No

Program Eligibility: Adult Dislocated Worker Youth Ineligible

Selective Service Registered? Yes No Not Applicable