

## TULE RIVER WORKFORCE DEVELOPMENT DEPARTMENT REQUEST FOR SERVICES

NAME:			I KIRE:			
SOCIAL SECURITY#:			DATE O	F BIRTH:		
LOCAL ADDRESS:						
MAILING ADDRESS:	Street		City	State		ZIP Code
	Street or P.O. Box	X	City	State		ZIP Code
HOME/WORK PHONE	MESSAGE PHONE	CELL/PAGER F	PHONE	EMAIL ADDRESS	EMAIL ADDRESS OTHER CONTACT	
Home	Name	Cell			Name	
Work	Phone	Pager			Phone	
EMPLOYMENT HISTORY	: Begin with your <u>la</u> s	<u>st</u> or <u>current</u> empl	oyer <u>first</u> .			
1. Company Name				Start Date / / /	End Date	
Address	City	State		Phone	Start Wage	End Wage
Job Title				Supervisor's Name		
Job duties/responsibilities				Reason for leaving		
1. Company Name				Start Date	End Date	
				/ / /	/ / /	
Address	City	State		Phone	Start Wage	End Wage
Job Title				Supervisor's Name		
Job duties/responsibilities				Reason for leaving		
1. Company Name				Start Date / / /	End Date	
Address	City	State		Phone	Start Wage	End Wage
Job Title			Supervisor's Name			
Job duties/responsibilities				Reason for leaving		
EDUCATION HISTORY: High S	chool Diploma or GED. Lis	st all post-secondary e	ducation co	ompleted, even if degree	e/certificate was r	not attained.
				UNIVERSITY	VOCATIONAL/TRADE	
Name of School						
Year of Graduation						
Diploma/Certificates/Degre	e Achieved					

Providing the following information will not exclude you from W	IA Services.						
Have you ever been arrested, charged, and convicted of a crime?NOYES. If yes, indicate date, location and disposition of case.							
Do you have any legal or criminal issues at this time? NO case.	YES. If yes, indic	cate date, location and disposition of					
3. Can you pass a background check? NOYES UNSURE							
4. Do you have disabilities that may require accommodation for work and/or training?NOYES If yes, Describe disability and accomodation needed to assist you.							
5. Do you have Veteran status?NOYES If yes, state	e date of service from: _	to					
Branch of Service:	Type of Discharge:						
Provide names of two (2) people who will be able to reach you at all times.  (1) NAME:							
ADDRESS:	CITY:	STATE:					
PHONE #:							
(2) NAME:	ME: RELATIONSHIP:						
ADDRESS:	CITY:	STATE:					
PHONE #:							
<b>CERTIFICATION:</b> I understand that the information I provided in this application is confidential. I certify that the information is true and correct. Furthermore, i understand that such information is subject to verification, that misrepresentation of information shall be grounds for termination from WIA Services. Falsified information may also result in legal action to be taken against me to recover any monies paid to me as a participant of this program.							
Signature of Participant		Date					
Signature of W.I.A. Representative/Title	_	Date					