

Workforce Solutions Prescreening Application

Thank you for choosing services with Workforce Solutions! Your application information will be used to determine eligibility for various programs and will be kept confidential. Please notify staff if you need additional assistance or clarifications.

Date: _____ What assistance can we help you with today? _____

Name:		*SSN					
Home #:		Address:			City/State:		
Cell #:							
Zip:		Email:		DOB:		Age:	
Sex M <input type="checkbox"/> F <input type="checkbox"/>		Ethnicity: Optional White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/>		Am Indian/Alaskan Native <input type="checkbox"/>	Asian / Pacific Islander <input type="checkbox"/>	Other: <input type="checkbox"/>	
Citizenship (check one):		U.S. Citizen <input type="checkbox"/>		Refugee <input type="checkbox"/>	Legal Immigrant <input type="checkbox"/>	Other Eligible Non-Citizen <input type="checkbox"/>	
Are you a Veteran?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates of Military Service:		Military Branch		
Are you currently or previously a Foster Youth?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Convicted of Felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Convicted of a misdemeanor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Endorsements:		Are you pregnant or parenting?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, check <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M							
Are you currently working?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Current or Previous Employer :		Do you have a second job?	Employer Name	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Work your seeking				If you have been laid off, terminated or received notice, enter date of Layoff:			
Do you have a High School Diploma		Do you have a GED/HSE		Are you currently attending school?		If Yes Name of School	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
What is your primary means of transportation?		Public Transportation <input type="checkbox"/>	Own Vehicle <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Rides <input type="checkbox"/>	Walk or Bicycle <input type="checkbox"/>	Have None <input type="checkbox"/> Other: <input type="checkbox"/>

List any vocational training or certifications received. Check N/A if none: N/A

Training or Certification Received	Length of Course(s)	Date Completed
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Please check each of the following services you or your family members currently receive:

TANF/Choices <input type="checkbox"/>	SNAP <input type="checkbox"/>	SSI <input type="checkbox"/>	Medicaid <input type="checkbox"/>	CCS <input type="checkbox"/>	Unemployment Insurance <input type="checkbox"/>	Worker's Compensation <input type="checkbox"/>	WIOA <input type="checkbox"/>
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List all household members. *When applying for Child Care Services, SSN information is optional/ voluntary.

#	Name	Race	DOB	Relationship	*Social Security	Income
1				Applicant/ Self		
2						
3						
4						
5						
6						
7						
8						
WS Staff-List # or Name of WIOA Family Inclusion:					TOTAL	

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Check below how you heard about us:

Phone Book <input type="checkbox"/>	Poster <input type="checkbox"/>	Brochure <input type="checkbox"/>	Friend <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Direct Mail <input type="checkbox"/>	Other Agency <input type="checkbox"/>	Radio <input type="checkbox"/>	TV <input type="checkbox"/>	Internet <input type="checkbox"/>	Other: <input type="checkbox"/>
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Please check the appropriate boxes for more information on your interests and our services.

<input type="checkbox"/> Child Care Assistance	<input type="checkbox"/> College, Vocational or Technical Training
<input type="checkbox"/> Job Listings: WorkInTexas.com	<input type="checkbox"/> On-The-Job Training
<input type="checkbox"/> US.jobs National Labor Exchange	<input type="checkbox"/> Vocational Rehab Assistance
<input type="checkbox"/> Career One Stop – Career Guidance	<input type="checkbox"/> Services to Refresh Basic Skills (Reading, Math, Language)
<input type="checkbox"/> Careers and Skills Assessment	<input type="checkbox"/> Services To Obtain High School Equivalency
<input type="checkbox"/> Skills Assessments – TABE, SAGE, Prove-It	<input type="checkbox"/> Services For Youth
<input type="checkbox"/> Resume Writing Program	<input type="checkbox"/> Services to Learn English
<input type="checkbox"/> Job Search Tips and Techniques	<input type="checkbox"/> Communities In Schools (In school youth dropout prevention)
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Services for Foster Youth
<input type="checkbox"/> Services For Laid-Off Workers	<input type="checkbox"/> Fidelity Bonding
<input type="checkbox"/> Trade Adjustment Assistance Information (TAA)	<input type="checkbox"/> Financial Aid Information
<input type="checkbox"/> Services For Seniors (55 & Older)	<input type="checkbox"/> Work Opportunity Tax Credit Information
<input type="checkbox"/> Texas Labor Market Information	<input type="checkbox"/> Community Services (Food, Clothing, Shelter, etc.)
<input type="checkbox"/> Services For Veterans	<input type="checkbox"/> Public Transportation Information
<input type="checkbox"/> Texas Veterans Leadership Program	<input type="checkbox"/> Job Corp
<input type="checkbox"/> VetCentral- Nationwide Federal Contractor Job Listings	<input type="checkbox"/> Other <input type="checkbox"/>

Please write what you feel is preventing you from finding employment and any additional comments you may have below.

I understand that if I knowingly provide false information or fail to disclose a material fact to make myself appear eligible for child care services, I may have to repay the child care program for services received fraudulently, and criminal charges may be filed against me with the local prosecuting authority. By signing this form, I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws, (2) I am applying for services from Workforce Solutions Golden Crescent and all information on this application represents a complete and accurate statement of my work, education or training hours; household income; and family size at the time of submission.

If you suspect fraud or abuse of Texas Workforce Commission programs, you may call the Fraud/Program Abuse Hotline at 1-800-252-3642 anonymously and without fear of retaliation.

Applicant Signature: _____

Staff Name: _____ Date Received: _____

WSGC IS AN EO EMPLOYER/PROGRAM ◦ Auxiliary aids and services are available upon request to individuals with disabilities
◦ Relay Texas (TDD and Voice) - 711