



## APPLICATION FOR SERVICES

Are you in need of accommodations as defined by the Americans with Disabilities Act (ADA)? If you need assistance in completing this application, please let us know.

- Office Use Only**
- CTED
  - DSHS
  - DVR
  - ISE
  - TtW
  - WIA Title \_\_\_\_\_

This application is used for all enrolled services offered at Career Path Services. While some areas may not apply to your specific needs, please complete this form in its entirety and we will use the material necessary to process your application. **Information provided on this application is kept confidential.**

**PERSONAL INFORMATION** *Please print clearly.*

Name:		Today's Date:	
Street Address:		Phone:	
City, State, Zip:		E-mail:	
Emergency Contact (name and relationship):		Phone:	
Close Relative (name and relationship):		Phone:	
Close Friend:		Phone:	
Social Security Number:		Date of Birth:	
Have you spoken with a Career Path Services rep already? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who?			
Are you related to any Career Path Services employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who?			
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:	Date of Discharge:	Type of Discharge:
Current Family Size (number of people living in your household who are related by blood, marriage or adoption, including yourself):			
Are you currently receiving housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Coupons? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or any member of your family currently receiving public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes,	Amount: \$	Food Stamps: \$	Childcare: \$
	CSO:	Case manager:	
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a current Washington State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally entitled to work in the United States and Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about Career Path Services?			
<input type="checkbox"/> Friend	<input type="checkbox"/> TV	<input type="checkbox"/> Phone book	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> WorkSource.com	_____
<input type="checkbox"/> Case manager	<input type="checkbox"/> Bus bench	<input type="checkbox"/> Internet	_____

*Career Path Services is an equal opportunity employer and provider of workforce development services. EEO/ADA/WIA. TTY relay 1-800-833-6388 or direct (509) 323-1243. Auxiliary aids available. [www.careerpathservices.org](http://www.careerpathservices.org)*

## EDUCATIONAL BACKGROUND

Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what high school?			Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?		
If applicable, why did you leave school?					
Name and location of school	Type of school	Course of study	Last year completed	Dates Attended (Month/Year)	Did you graduate?

## EMPLOYMENT GOALS & POTENTIAL BARRIERS

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a current resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What types of employment are you looking for?			
1.			
2.			
3.			
Part Time: <input type="checkbox"/> Yes <input type="checkbox"/> No		Full Time: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have current applications on file with any employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?			

***The answers to the following questions will not affect your eligibility for services. Information is kept confidential and is collected to help us better meet your needs. This information will not be divulged to current or potential employers.***

Have you ever participated in a drug or alcohol treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where?		Have you participated in any mental health counseling and/or treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require any workplace accommodations in order to perform the types of job duties you are seeking? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please describe:			
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes,	Parole/probation officer:		Phone:

**WORK HISTORY**

Please list all previous employment in order with your **current or most recent employer first**. If additional space is needed, please use another form. Please include month and year in date sections.

<b>1. CURRENT OR MOST RECENT POSITION:</b>	
Company:	Full Address:
Job Title:	Length of time in position:
Start date with company:	End date with company:
Your supervisor's name:	Phone Number:
Hourly or monthly pay:	Hours per week:
Describe in detail the work you did:	
Reason for leaving:	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. PREVIOUS POSITION:</b>	
Company:	Full Address:
Job Title:	Length of time in position:
Start date with company:	End date with company:
Your supervisor's name:	Phone Number:
Hourly or monthly pay:	Hours per week:
Describe in detail the work you did:	
Reason for leaving:	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. PREVIOUS POSITION:</b>	
Company:	Full Address:
Job Title:	Length of time in position:
Start date with company:	End date with company:
Your supervisor's name:	Phone Number:
Hourly or monthly pay:	Hours per week:
Describe in detail the work you did:	
Reason for leaving:	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SIGNATURE**

I certify that the information on this application is true, correct and complete.

Signature:	Date:
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