

DATE	
STAFF	

## **Customer Information**

INFORMATION ABOUT YOU	<b>EDUCATION INFORMATION</b>		
Last name	Completed high school or GED? □ Yes □ No		
First name	If No, indicate last grade completed:		
Middle name	College degree earned?		
SSN	☐ Associates ☐ Bachelors ☐ Masters ☐ Other		
Date of birth/ Gender □Female □ Male	Major Name of College		
Marital Status: ☐ Single ☐ Married ☐ Other	City, State / Country		
Street Address	College course(s) taken? Name of College		
City, State, ZIP	Course(s)		
County	City, State / Country		
Phone ( Cell (	Have you had any formal and/or vocational training?		
Email	□No □ Yes, what?		
Are you a US citizen? □ Yes □ No	GENERAL INFORMATION		
If not US citizen: Nationality	Family Size (include dependents living at home):		
Date of arrival in U.S.://	Do you have children? □Yes □No		
Alien #	Do you have dependable child care? □Yes □No		
What documents do you have to show your eligibility to	Do you have a current driver's license? □Yes □No		
work in this country? (Please circle the one that applies)	Do you have a car? □Yes □No		
☐ US birth certificate ☐ Unexpired I-94	Do you know how to use public transportation? □Yes □No		
☐ U.S. Passport ☐ Permanent Resident Card (I-151)	Are you collecting unemployment insurance? □Yes □No		
☐ N-550 or N-570 ☐ Unexpired I-688 A or B☐ Government Issued Photo ID & Social Security Card	Are you actively seeking employment? □Yes □No		
Government issued Flioto ID & Social Security Card	Are you working? Y N Looking for a better job? □Yes □No		
EMPLOYMENT INFORMATION	Are you or family members receiving government assistance		
Current/Last Employer	□ No □ Yes, circle the service(s) TANF FS GR		
City, State/ Country	Other Your caseworker is:		
Phone () Job Title	Is your housing situation stable? □Yes □No		
Duties	Do you have healthcare needs? □Yes □No		
Wage / Salary \$ per			
Hours per week	Do you have a disability? VA% □Yes □No		
Benefits □Yes □No	Are you registered with the Selective Service? □Yes □No		
Start Date//	Are you fluent in English? □Yes □No		
End Date//	Are you fluent in language(s) other than English?		
Reason the job ended:	□No □Yes, which one(s)?		
Other	Have you ever served in the US military? □Yes □No		
How did you hear about the One Stop/SkillSource Center?	Branch Honorable Discharge? □Yes □No Entry Date// Discharge Date//		
What services or information can the One Stop/SkillSource	Are you a military spouse? □Yes □No		
Center provide you to help you in your job search or career	Have you ever been convicted for a law violation? □Yes □No		
needs? Please include communication preferences, if applicable.	Occupation(s) desired		
аррисамс.	Desired work location(s)		

NAME OF APPLICANT:				
FOR ONE STOP/SKILLSOURCE CENTER STAFF USE ONLY				
REFERRED TO PARTNERS (Check Applicable Agencies):				
□ WIA Title I Adult	□ WIA Title I DW	□ WIA Title I Youth		
☐ Veterans Services	□ VEC	☐ Dept. of Family Services TANF, FS, CPS, etc.		
☐ OAR/VASAVOR Offender Programs	□ ServiceSource	☐ Housing		
☐ Job Corps	☐ Native American	☐ Migrant & Seasonal Farm Workers		
☐ Trade/NAFTA Transitional Assistance	☐ Disabled Veterans Outreach	☐ FCPS Adult Education/ Literacy Activities		
☐ Community Service Block Grant	☐ Alcohol and Drug Services	☐ Diocese of Arlington		
☐ Reston Interfaith	☐ Department of Rehabilitative Services	☐ Area Agency for Aging or other Senior Community Services		
☐ Other				
ADDITIONAL COMMENTS:				
STAFF SIGNATURE:		DATE:		
I APPROVE THE RELEASE OF INFORMATION TO THE ONE STOP/SKILLSOURCE CENTER AND PARTICIPATING AGENCIES OF RECORDS AND INFORMATION RELEVANT TO MY JOB SEARCH AND CAREER NEEDS.  APPLICANT SIGNATURE: DATE:				
STATUS OF REFERRAL:  □ Enrolled in program – please specify:				
□ Not enrolled □ Other – please specify:				