



ENROLLMENT INFORMATION

First name _____ Date _____
Last name _____ Social Security Number _____
Mailing address _____ Apt. # _____ Date of Birth _____
City _____ State _____ ZIP _____
Same as residence? Yes No If not, please indicate below:
Address _____ Apt. # _____
City _____ State _____ ZIP _____
Phone _____ Cell _____ Email _____
Indicate preferred contact: Phone Cell Email

Emergency Contact:

Name _____ Phone _____

Education

- | | |
|---|---|
| <input type="checkbox"/> Indicate highest grade completed _____ | <input type="checkbox"/> Technical certificate |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Vocational or Occupational certificate |
| <input type="checkbox"/> GED or equivalent | <input type="checkbox"/> Bachelor's degree or equivalent |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Completed education beyond Bachelor's degree |

Have you ever attended a program or course, including pre-apprenticeship, offered by Employment Services or another agency? Yes No

If yes, which one? WDC WorkSource PACE SVI PACT Other _____

Legal Matters

Please note: Disclosure is not required and is strictly voluntary.

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Misdemeanor Felony

Currently serving probation? Yes No

If yes, please provide name and telephone number of Probation Officer:

Name: _____ Telephone: _____

Any pending legal matters? Yes No **Any pending court dates?** Yes No

If yes, please describe: _____

Employment History

Current or most recent employment <input type="checkbox"/> Not employed	Employer:			Starting Hourly Wage:	
	City, State:			Ending Hourly Wage:	
	Job title:			Hours Worked Per Week:	
	Start date (Month/Year):	End date (Month/Year):	Reason for Leaving:		
Previous employment (just prior to current or last job)	Employer:			Starting Hourly Wage:	
	City, State:			Ending Hourly Wage:	
	Job Title:			Hours Worked Per Week:	
	Start date (Month/Year):	End date (Month/Year):	Reason for Leaving:		

Other

Please note: Your responses to the following items are used for reporting and funding purposes only. This information will be not used to determine enrollment for training or receipt of services.

Valid driver's license:

No Yes State _____ Number _____

Citizenship status:

Citizen Legal Resident Alien Immigrant Refugee INS/Immigrant Registration Number _____

Veteran status:

Eligible veteran Spouse of eligible veteran Not applicable

English proficiency:

Proficient Limited

ANEW may provide tutoring/educational services/referrals. Please indicate which area(s) you may need additional support:

Current living situation:

- | | |
|--|--|
| <input type="checkbox"/> Rent house or apartment | <input type="checkbox"/> Live in public housing community |
| <input type="checkbox"/> Own/family member owns residence | <input type="checkbox"/> Currently homeless |
| <input type="checkbox"/> Transitional housing | <input type="checkbox"/> Work release (completion date: _____) |
| <input type="checkbox"/> Receive government assistance for housing | <input type="checkbox"/> Other: _____ |

Dependents:

Yes No If yes, please write in the number of children and their ages who are living with you:

Please include adopted or stepchildren

Ages: [] under 4 years [] 4–5 years [] 6–12 years [] 13–18 years [] 19–26 years [] Adult (over age 26)

Health care coverage:

Yes No Provider: _____

If you do not have coverage, how do you access health care when needed? _____

Receipt of support services:

Please check all that apply

GAU/DL Food Stamps SSI SSDI Unemployment TANF

TANF: WorkFirst? Yes No WorkFirst JAS #: _____

Other support services: _____

I don't receive any of the services above

I don't receive any of the services above, but an immediate family member (mother/father/sibling) does

I don't receive any of these services, but I or an immediate family member did less than 12 months ago

How did you hear about ANEW?

Friend

Social media (indicate)

Apprenticeship program

Pre-Apprenticeship program

Employer

Event (name)

Newspaper

WorkSource

Information Verification

I certify that the information provided is true to best of my knowledge. I am also aware that the information I have provided is subject to review and verification by ANEW staff, and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that receiving services is subject to availability of funding and that training and/or services are not guaranteed to me. I understand that if I am enrolled for pre-apprenticeship training, my employment status will be tracked by ANEW for up to 2 years.

In order to verify the information or conduct further program evaluation, I understand it may be necessary to collect additional information from records at government agencies. This information would include but not be limited to Washington State Employment Security Department, Social Security Administration, or TANF (Temporary Assistance to Needy Families) records. The Washington State Basic Food Employment and Training program helps ANEW provide job search, job search training, self-directed job search, and skills training to Supplemental Nutrition Assistance Program (SNAP) recipients. My signature indicates willingness to be screened through a Washington state connection and allows the release of this information and job placement data to ANEW staff and researchers for program monitoring, research, verification, additional data collection, and evaluation purposes. **My personal information will not be provided to any outside person or agency except where needed to determine eligibility for related programs or grant reporting purposes. Information provided on this form will not affect any benefits I am already receiving from other agencies.**

Signature _____ Date _____

PLEASE TURN PAGE OVER FOR ADDITIONAL INFORMATION

To be completed by ANEW Staff

Potential Services: TRP AOP

Potential Resources: Port Jobs WANTO PASS AAI Other:

Self-Identification Information

Your responses to the following are voluntary and are used to ensure that personnel practices meet the requirements of Federal law. Please answer the following to the best of your ability.

Race

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> More than one race |
| <input type="checkbox"/> Hispanic or Latino/Latina | <input type="checkbox"/> Not reporting |

Marital status

- | | |
|--|---|
| <input type="checkbox"/> Married, living with spouse | <input type="checkbox"/> Never married |
| <input type="checkbox"/> Married, not living with spouse | <input type="checkbox"/> Unmarried, living with partner |
| <input type="checkbox"/> Divorced | |

Household dependents

- Children _____ Adults _____

Disability

- Yes No I choose not to disclose this information