



Hurricane FLORENCE Disaster Relief Employment Program Application

APPLICATION DATE: _____

PERSONAL INFORMATION Directions: Complete each section with INK. Please print

NAME: _____ SSN:

XXXX	XX	
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ADDRESS: _____
Street No. or RFD City State Zip Code

TELEPHONE NUMBER: _____ ALT. TELEPHONE NUMBER: _____

COUNTY OF RESIDENCE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: MALE FEMALE

ARE YOU A UNITED STATES CITIZEN? Yes No RESIDENT NON-CITIZEN? Yes No REGISTRATION # _____

ETHNICITY: HISPANIC OR LATINO: Yes No

RACE - SELECT ALL THAT APPLY: American Indian or Alaskan Native Hawaiian Native or other Pacific Islander
 Black or African American Asian White

SELECTIVE SERVICE COMPLIANCE: Registered Not Registered N/A DISABLED Yes No

VETERAN: Yes No DISABLED VETERAN: Yes No

CHECK CURRENT MARITAL STATUS: Single Married Separated Divorced Widowed

NUMBER OF CHILDREN LIVING WITH YOU _____ NUMBER OF PEOPLE IN HOUSEHOLD (including yourself) _____

ARE YOU CURRENTLY RECEIVING? N/A TANF SNAP SSI Other Public Assistance (indicate) _____

EDUCATIONAL BACKGROUND List your complete educational history below:

Highest Grade of Education Complete _____ Do you have a (check one) GED High School Diploma Post-Secondary Degree

Currently Attending Post-Secondary School: Yes No If yes, when will you graduate? _____

DISLOCATION INFORMATION Please check all that apply below:

EMPLOYMENT STATUS: Employed Unemployed UNEMPLOYMENT ELIGIBILITY STATUS: Claimant Exhaustee Neither

SOURCE OF DISLOCATION: Unemployed due to general economic conditions in the community lived in, or worked in
 Unemployed as a result of an emergency or natural disaster
 Considered long term unemployed, as defined by the state in the NDWG grant
of Weeks Unemployed _____

EMPLOYMENT INFORMATION

Please list your work history for the last three employers. Begin with the most recent employer first:

Employer Name: _____ Job Title: _____

Address: _____

Job Duties _____

Dates Employed: From: _____ To: _____ Hourly Wage: _____

Reason for Leaving: _____

Employer Name: _____ Job Title: _____

Address: _____

Job Duties _____

Dates Employed: From: _____ To: _____ Hourly Wage: _____

Reason for Leaving: _____

Employer Name: _____ Job Title: _____

Address: _____

Job Duties _____

Dates Employed: From: _____ To: _____ Hourly Wage: _____

Reason for Leaving: _____

Applicant Certification Statement: I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA/NEG Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA/NEG. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____