

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



CCS Worker Retraining Program APPLICATION FOR SERVICES

Fall Spring
 Winter Summer
Year _____

ALL FIELDS ARE REQUIRED EXCEPT E-MAIL AND PHONE NUMBERS Date _____

--	--	--	--	--	--	--	--	--

Social Security number

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Student Identification number

Last name _____ First name _____ MI _____

Address _____ E-mail _____

City _____ State _____ ZIP _____

Phone 1 _____ Phone 2 _____

Have you lived 12 months or more in the state of Washington? Yes No

EDUCATIONAL BACKGROUND

- High school not completed Some college Bachelor's degree
- High school/GED Associate degree Technical school

EDUCATIONAL GOAL

- Job skills upgrade Certificate Degree

LOCATION OF TRAINING

- SCC IEL IEL Newport IEL Inchelium Esmeralda Center Undecided
- SFCC IEL Colville IEL Republic IEL Pullman PACE

Are you eligible for Washington state unemployment insurance (UI) benefits? Yes No

Have you exhausted your UI benefits within the last 24 months? Yes No

Have you been determined to be a dislocated worker? Yes No

Are you now working but have received written notice of layoff? Yes No

Were you previously self-employed? Yes No

Are you a displaced homemaker? Yes No

PAST WORK EXPERIENCE

Employer _____ Termination of employment date _____

Type of work _____

Length of employment: Years _____ Months _____ Part time Full time

Wage/salary earned: \$ _____ Hourly Annually

CHECK PROGRAMS YOU HAVE APPLIED FOR:

- DVR (Dept. of Vocational Rehabilitation) WIA/ESD (Workforce Investment Act/Employment Security Department)
- TAA (Trade Adjustment Assistance) WIA/CPS (Workforce Investment Act/Career Path Services)
- TB (Training Benefits Extended) DSHS
- TRA (Trade Readjustment Allowance) Others _____
- Veterans