

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 \_\_\_\_\_

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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