

## WorkSource Registration

Customers who have access to internet may complete this registration online under the job seeker entry point at [WorkSourceWA.com](http://WorkSourceWA.com) instead of completing this form.

WorkSource is a system of partner programs that work together to provide a full range of employment and training services to customers like you. For this reason, we will share your information with other WorkSource partner programs that may be able to provide you with additional services. Your information will not be shared beyond WorkSource partner programs. By filling out this form you are consenting for us to update your information in our system and make a referral to other partner programs.

*Please complete the required fields\*:*

**Today's Date:**

- 1) **Are you legally entitled to work in the U.S.? \*** Yes No *(Yes response is required to proceed.)*
- 2) **First Name** **Last Name:** **SSN:**
- 3) **Email:** **Primary Phone Number:**
- 4) **Complete mailing address:**  

<b>City:</b>	<b>State: *</b>	<b>County: *</b>
--------------	-----------------	------------------
- 5) **Preferred contact method:** In Person Text Email Mail Phone Other
- 6) **Date of Birth:\*** **Gender:\***
- 7) **Ethnicity: \*** Hispanic or Latino Not Hispanic or Latino Decline to Identify
- 8) **Race:\*** Native Hawaiian/Other Pacific Islander White Asian  
 American Indian / Alaska Native Black / African American Decline to Identify Employed
- 9) **Employment Status:\*** Employed Employed with Notice of Termination  
 Employed with Military Separation Not Employed
- 10) **Do you have limited proficiency in English?** Yes No
- 11) **Do you have a translator** Yes No *If yes, what language is needed?*
- 12) **Are you in school? \* (If yes, see back side of page.)** Yes No
- 13) **What is your highest level of education? \* (i.e., completed 12<sup>th</sup> grade)**
- 14) **Are you a runaway? \*** Yes No **Are you homeless? \*** Yes No
- 15) **Are there any issues at any time in your past, such as a conviction, that may impact a referral to an employer or training program? \*** Yes No
- 16) **Are you one of the following: Active Military, Veteran, Spouse of a Veteran, or National Guard/Reserves member who has been called to Active Duty? \*** Yes No *(If yes, complete Veteran questionnaire)*
- 17) **Do you have a disability? \* (If yes, see back side of page).** Yes No Decline to Identify
- 18) **Are any of Your Wages in the past 12 months from Farm Work or Food Processing? \*** Yes No  
*If yes, see back side of page)*
- 19) **Are you currently receiving Unemployment Insurance benefits?** Yes No
- 20) **If you are currently unemployed, have you been unemployed for 4 months or longer? \*** Yes No
- 21) **Are you receiving General Assistance (GA), Refugee Cash Assistance (RCA) and/or Basic Food Assistance? \***  
 Yes No
- 22) **Are you a member of a low-income household? \*** Yes No
- 23) **Are you receiving TANF? \*** Yes No **Are you receiving SNAP/Food stamps? \*** Yes No
- 24) **Are you a single parent? \*** Yes No

## WorkSource Registration

### School, Disability and Farm Work or Food Processing Questionnaire

WorkSource is a system of partner programs that work together to provide a full range of employment and training services to customers like you. For this reason, we will share your information with other WorkSource partner programs that may be able to provide you with additional services. Your information will not be shared beyond WorkSource partner programs.

If "In School" was marked as yes, please complete the following:

- 1) School Type:            **Alternative High School**            **Community College**            **High School**  
                                 **State College**                            **Other College** **University Vocational - Technical School**
- 2) Are you a youth who has dropped out of school? \*            **Yes**            **No**
- 3) Years of Education?

If "Disability" was marked as yes, please complete the following

- 1) Disability Status:            **ADA – Major Life Activity Impairment**            **Both Physical and Mental Impairment**  
                                 **ADA and Employment Impediment**                            **Mental Impediment**                            **Physical Impairment**
- 2) Some employers proactively recruit for candidates with disabilities. Do you wish to have your resume/application available to those employers?            **Yes**            **No**

If any of your wages in the past 12 months are from Farm Work or Food Processing, please complete the following:

- 1) Were you a full-time student in the past 12 months?            **Yes**            **No**
- 2) Were there days when you did not work due to lack of work?            **Yes**            **No**
- 3) Did work ever require you to spend the night away from home?            **Yes**            **No**
- 4) Which one (farm work or food processing) did you do most?            **Farm Work**                            **Food Processing**
- 5) Were there days when you were able to return your home in the evenings?            **Yes**            **No**

### FOR STAFF USE ONLY

Registration Completed on:

Processed by (initials)

Updated demographic information    **or**    Create A Record

Was a referral provided?            **Yes**            **No**

If so, to what program?    **BFET**    **VETS**    **MSFW**    **TAA**    **SFS**    **DW**    **OIC**    **LnI**    **DVR**

Other: