

Connecting Opportunities Powered By ERC Registration Form

1 Initial Point of Contact: <input type="checkbox"/> NextGen <input type="checkbox"/> VCW <input type="checkbox"/> HRVEC	2 Application Date: ____/____/____	3 State ID: _____	4 Social Security Number: Last 4: <u>000-00-</u>
---	--	--------------------------	--

5 Applicant Name (Last, First, MI): _____	6 Street Address: _____		
7 Email: _____	8 City: _____	9 State: _____	10 Zip Code: _____

11 Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Cell (____) _____ - _____	12 Date of Birth and Age: ____/____/____ Age: ____	13 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	14 Citizen Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen w/Right to Work <input type="checkbox"/> Non-Citizen Type: _____
--	--	--	--

15 Selective Service: <input type="checkbox"/> Registered Male <input type="checkbox"/> Non Registered Male <input type="checkbox"/> Exempt Male <input type="checkbox"/> Exempt Female	16 Education Status: <input type="checkbox"/> Not a Student <input type="checkbox"/> Current Student at: _____ _____	17 Highest Grade Completed: <input type="checkbox"/> School Dropout Last Grade Completed ____ <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Associates/Technical School <input type="checkbox"/> Bachelor's Degree	18 Priority Target Groups: (check all that apply) <input type="checkbox"/> Adult, ALICE Community <input type="checkbox"/> Norfolk <input type="checkbox"/> Portsmouth <input type="checkbox"/> Veteran <input type="checkbox"/> Youth Emerging Workforce	19 Documents Needed: 1. Adult: Verification of Income? <input type="checkbox"/> Yes <input type="checkbox"/> No Verification of Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Youth: Verification of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No Verification of Education Status? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Veteran: Proof of Veteran Status OR <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Discharge Papers (DD214)
--	---	--	---	---

20 Labor Force Status: <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed F/T Regular <input type="checkbox"/> Employed & Received Notice of Layoff <input type="checkbox"/> Employed P/T (Complete 23 Below)	21 Weeks Unemployed: _____ Weeks	22 Wage Information: Hours Per Week: _____ Wage: \$ _____ Per Hour	23 Most Recent Employment: Job Title: _____ _____ Employer Name
---	--	---	---

24 1. VAWC Registered and Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Initial Appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. TABE? <input type="checkbox"/> Yes <input type="checkbox"/> No	25 Area of Occupational Interest: <input type="checkbox"/> Roofing <input type="checkbox"/> NCCER Core <input type="checkbox"/> Pipe Laying <input type="checkbox"/> Welding <input type="checkbox"/> Pipefitting <input type="checkbox"/> Framing
--	---

26 Self -Attestation I certify that the above information relating to my eligibility is true to the best of my knowledge. I am aware that such information is subject to review and verification and that I may have to provide documents to support this registration. I understand that I am subject to immediate termination if I am found ineligible after enrollment. I authorize release of this information for verification purposes and understand that it will be used to determine eligibility. _____ Applicant Signature ____/____/____ Date	27 Alternate Contact Telephone Numbers: (____) _____ - _____ Name _____ (____) _____ - _____ Name _____ 28 Reviewed: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible Eligibility Completed By: _____ Date: ____/____/____ Telephone: _____ Email: _____
---	---