

SSN			
First Name	MI	Last Name	Date of Birth
Gender M F	Ethnicity (circle one) Hispanic or Latino Non-Hispanic or Latino	Race (circle one) American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White	
Address (Number & Street)		City	State Zip
Are you legally entitled to work in the United States? Y N			
Email	Telephone:	Message Phone:	

Currently employed?	Y N	Limited English?	Y N
Highest Grade Completed	None 1 2 3 4 5 6 7 8 9 10 11	GED	HS Grad HS+ some college
Type of Degree Earned _____	Are you a Seasonal farm worker? Y N		

Do you have a disability?	Y N	Disability status: (circle one) ADA major life act impairment ADA + employment impediment	% Disability _____
Describe Disability:		Other Work Limitations:	

Military Service?	Y N	Discharge other than dishonorable?	Y N
Only served in the National Guard or as a Reservist?	Y N	Active Duty Dates: Start _____ End _____	Service Connected Disability? Y N
% Disability _____	Chapter 31 Veteran. *No unless verified by vet rep.	Campaign Served: _____	

Household income for the last year	\$	Number of people in household	#
Are you currently receiving public assistance?	Y N	Type:	Amount \$

Single Parent?	Y N	Homeless?	Y N	U.S. Citizen?	Y N
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If male and born after 12/31/59, have you registered for the Selective Service?	Y	N
Are you currently receiving Washington unemployment insurance?	Y	N
Are you currently receiving unemployment insurance from another state?	Y	N
Were you laid off from a Trade Act certified company?	Y	N

I certify that the information provided is true to the best of my knowledge. I understand that WorkSource and its Partners may share information contained in this registration as well as other information that relates to my program eligibility and participation. I understand WorkSource will not share this information with potential future employers. This release may be used to verify employment. This release is valid for one year and may be revoked in writing.

Signature _____

Date _____