

## Seark College Workforce Development Center and OSD Commercial Driver License Partnership Program Application

*(This information will be treated as confidential and used only by staff providing services.)*

SOCIAL SECURITY NUMBER:		DATE:	
FIRST, MIDDLE, LAST NAME:			
STREET ADDRESS:		P.O. BOX	
CITY:	COUNTY:	<input type="checkbox"/> URBAN <input type="checkbox"/> RURAL	STATE: ZIP:
TELEPHONE NUMBER:	ALTERNATE TELEPHONE NUMBER:		
E-MAIL ADDRESS:		DATE OF BIRTH:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a single, separated, divorced, or widowed individual with primary responsibility for one or more dependents under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number in family: <i>(counting self)</i>
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <i>(Check all that apply)</i> <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native		<b>Education status:</b> <input type="checkbox"/> In-school, high school, include ABE/ GED <input type="checkbox"/> In-school, alternative school <input type="checkbox"/> In-school, post-high school <input type="checkbox"/> Not attending school or high school dropout <input type="checkbox"/> Not attending school; high school graduate  <b>Highest Grade Completed:</b> _____	
<b>EMPLOYMENT STATUS, WORKER STATUS, CITIZENSHIP, ETC.</b>			
<b>Employment Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Employed, but with notice of Termination or Lay off		<b>Select your interstate worker status:</b> <input type="checkbox"/> Live in another state but looking for work in AR <input type="checkbox"/> Live in AR but looking for work in another state <input type="checkbox"/> Live in AR and looking for work in AR <input type="checkbox"/> Live in AR and looking for work in AR and other states	
Are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt		<b>State Unemployment Insurance:</b> <input type="checkbox"/> State claimant <input type="checkbox"/> Exhausted UI benefits <input type="checkbox"/> Not a claimant	
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-citizen not eligible to work in U.S. <input type="checkbox"/> Non-Citizen eligible to work in U.S. Alien Cert Number: _____ INS Form Number: _____		Do you have a valid AR driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Endorsement _____	
<b>WORK HISTORY (ENTER YOUR LAST JOB FIRST)</b>			
Company Name:		Contact Person & Phone Number	
City:	State:	JOB TITLE:	
From (mo/day/yr): To (mo/day/yr):		Description and duties of the job:	
Wage: \$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other:		Hours/week: Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Other	
Company Name:		Contact Person & Phone Number:	
City:	State:	JOB TITLE:	
From (mo/day/yr): To (mo/day/yr):		Description and duties of the job:	
Wage: \$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other:		Hours/week: Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Other	
Company Name:		Contact Person & Phone Number	
City:	State:	JOB TITLE:	
From (mo/day/yr): To (mo/day/yr):		Description and duties of the job:	
Wage: \$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other:		Hours/week: Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Other	
I attest that the information stated is true and accurate and I understand that the Information provided, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties specified by law. I allow release of this information for eligibility verification purposes.		APPLICANT SIGNATURE:	
		DATE:	
		PARENT/GUARDIAN SIGNATURE: (if under 21)	
		DATE:	

<b>NAME:</b> _____	
<b>If you were terminated or laid off (dislocated) from your last job, or if you are unemployed due to the pandemic, please answer the questions in this section.</b>	<b>If you were terminated or laid off (dislocated) from your last job, please answer the questions in this section.</b>
Please enter your termination or layoff date: _____	Are you likely to return to your previous occupation or industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
From what industry were you dislocated?: _____	Have you received information that you are eligible for unemployment benefits or that you have exhausted your unemployment benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>
What was your occupation (job) at the time of your dislocation?: _____	Have you received information that you are not eligible for unemployment benefits due to a lack of sufficient earnings or that you performed services for an employer not covered by unemployment insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of months at employer of dislocation: _____	
Hourly wage at dislocation (\$0.00): _____	

I attest that the information states above is true and accurate, and I understand the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization to Obtain Information

In the course of providing employment training, other agencies/organizations may require access to your personal information. Please review and mark all that apply. In addition, by signing below you agree to provide us with your current contact information future employment information not limited to employer, salary and work location(s).

- I authorize the SEARK College Workforce Development Center to release and/or provide on a need-to-know basis, to one or more of the agencies listed below, that information which is reasonably necessary to accomplish the goals and objectives of my employment and training plan, unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the information is confidential and will be used only for the purposes stated on this form. I understand that those individuals that receive this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will serve as a valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I HEREBY authorize release of the following information to the Arkansas Workforce Centers, unless the release or provision of such information is otherwise prohibited by law or regulation:

- The Workforce Investment Act service provider may provide information regarding my participation in adult, youth, or dislocated worker programs.
- The Department of Human Services may provide information regarding my participation in Transitional Employment Assistance (TEA) programs.
- The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.
- The Employment Security Department may provide information related to unemployment insurance benefit information and my participation in Workforce Investment Act employment and training programs.
- The Department of Education and local school districts may provide records relating to my current and past education.
- The Department of Workforce Education and affiliated training providers may provide records relating to current and past education.
- Private and career training institutions may provide records relating to current and past training and education
- My current and past employers may provide information related to my employment

As a condition to my authorization the Arkansas Workforce Centers System agrees to use the information obtained solely for purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, and helping me achieve my occupational goals. This authorization is valid until 24 months after the date of exit from my program of services. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to vocational certification. I understand that, as a condition of my receiving services, information collected by the Employment Security Department related to employer reported employment and wage records will be used for purposes of determining overall program performance.

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Student Signature

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Customer Name

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Date

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Parent/Guardian Signature (if under 21)

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Parent/Guardian Name

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Date