



**UMWA Career Centers, Inc.**

2306 South Fayette Street  
Beckley, WV 25801  
(304) 253 3772  
Fax (304) 253-3859

197 Dunn Station Road  
Prosperity, PA 15329  
(724) 627 0988  
Fax (724) 825-4858

**For Office Use Only:** Male:  Female:  Grant: \_\_\_\_\_

WIOA Status:  Adult  Dislocated Worker  Youth

Counselor: \_\_\_\_\_ Client #: \_\_\_\_\_ -- \_\_\_\_\_

# Dislocated Miner Training INTAKE APPLICATION

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
First M.I. Last

Mailing Address: \_\_\_\_\_  
City State Zip

Complete Physical Address: \_\_\_\_\_ County of Residence \_\_\_\_\_

Home Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_ E-Mail Address \_\_\_\_\_

Nearest Relative Not Living With You: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relatives Complete Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No: \_\_\_\_/\_\_\_\_/\_\_\_\_ Selective Service No: \_\_\_\_\_

Married?  Yes  No Name of Spouse: \_\_\_\_\_

Race/Ethnic Group:  White  Black  Hispanic  Native American/Alaskan Native  Asian or Pacific Islander

Veteran's Status:  Yes  No Vietnam Era?  Yes  No Disabled Veteran?  Yes  No  
(8/64 --5/75)

Do you have a valid driver's license?  Yes  No

Have you ever been convicted under your current name or any other name of a felony, or within the past five years of a misdemeanor which resulted in imprisonment?  Yes  No

If yes, please explain: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Name of High School: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

GED:  Yes  No Date obtained: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you attended a vo-tech, trade school or college?  Yes  No

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Did you complete the course?  Yes  No

Year started: \_\_\_\_\_ Year completed or graduated: \_\_\_\_\_

Are you currently enrolled in a college or other training program?  Yes  No

Name of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_

**CERTIFICATIONS** Please list any certifications/licenses you may hold or may have held:

| Type of Certification | Date Received     | State |
|-----------------------|-------------------|-------|
| _____                 | _____/_____/_____ | _____ |
| _____                 | _____/_____/_____ | _____ |

**EMPLOYMENT HISTORY**

Are you currently employed?  Yes  No

If yes, please complete this information: Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Job Title: \_\_\_\_\_

Full-time  Part-time  Permanent  Temporary

Hourly wage: \$ \_\_\_\_\_ Benefits?  Yes  No

Are you currently laid off :  Yes  No

Do you have a recall date?:  Yes  No

If yes, when? \_\_\_\_\_

If yes: Job Title at time of layoff: \_\_\_\_\_

Name of Mining Operation or Facility: \_\_\_\_\_

Name of the County the Mining Operation was in: \_\_\_\_\_

Current Lay-off Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

# of Yrs of Service with this employer: \_\_\_\_\_

Last Hourly Wage:\$ \_\_\_\_\_

Total Years in Mining Industry: \_\_\_\_\_

Previous Employers and Lay-off Dates in the mining industry:

1. \_\_\_\_\_ Lay-off Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

2. \_\_\_\_\_ Lay-off Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

3. \_\_\_\_\_ Lay-off Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Do you have any of the following papers?

If yes, list Expiration Date and State(s) Certified

Electrician \_\_\_\_\_

Assistant \_\_\_\_\_

Fire Boss \_\_\_\_\_

Have you ever worked outside of the mining industry?  Yes  No

If yes, where? \_\_\_\_\_

Are you currently receiving a pension?  Yes  No

Are you currently receiving any type of the following?

Unemployment compensation  Disability  SSI  Public Assistance

Worker's Compensation  WIOA

**EXPECTATIONS**

List three types of employment you are qualified/experienced to do:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you have an updated resume?     Yes     No

Are you available to work shifts, weekends, or overtime?     Yes     No

If no, please explain: \_\_\_\_\_

Are you interested in receiving additional training/education?     Yes     No

If yes, what kind of training/education are you interested in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this application as soon as possible, to the Beckley Address, all applicants will be accepted strictly on a first come, first serve basis.**

**If you have any questions, please contact our office at 304-253-3772 (Local) or 1-877-798-8692 (Toll Free).**

**I certify that all the answers to the foregoing questions are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

❖ Please report any changes regarding information contained on this form to your counselor.

**DO NOT WRITE BELOW THIS LINE**

**OFFICE USE ONLY**

**Commencement of Allowed Services**

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Commencement Date