



| | | |
|---|-----------|----|
| For Office Use Only: Male: <input type="checkbox"/> Female: <input type="checkbox"/> Grant: _____ | | |
| WIOA Status: <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Youth | | |
| Counselor: | Client #: | -- |

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

Dislocated Worker Training

DISPLACED HOMEMAKER INTAKE APPLICATION

(DISLOCATED WORKER'S NAME (NOT APPLICANT): _____)
Enter Dislocated Worker's Information on Page 4 of this application

APPLICANT'S PERSONAL INFORMATION

Name: _____
First M.I. Last

Mailing Address: _____
City State Zip

Complete Physical Address: _____ County of Residence _____

Home Phone:(____) _____ - _____ Cell Phone:(____) _____ - _____ E-Mil Address _____

Nearest Relative Not Living With You: Name _____ Phone Number _____

Relative's 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

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.**

PLEASE COMPLETE DISLOCATED MINER'S INFORMATION ON THE NEXT PAGES

Name of Applicant (Displaced Homemaker): _____

DISLOCATED MINER'S INFORMATION
(TO DETERMINE DISPLACED HOMEMAKER ELIGIBILITY)

Name: _____
 First M.I. Last

Mailing Address: _____
 City State Zip

Complete Physical Address: _____ County of Residence _____

Home Phone:(____) _____ - _____ Cell Phone:(____) _____ - _____ E-Mail Address _____

Date of Birth: ____/____/____ Social Security No: ____/____/____ Selective Service No: _____

Are you currently laid off: Yes No

If yes: Name of Mining Operation or Facility: _____

Name of County the Mining Operation was in: _____

Current Lay-off Date: ____/____/____

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: _____

DO NOT WRITE BELOW THIS LINE **OFFICE USE ONLY**

Commencement of Allowed Services

Counselor's Signature

_____/_____/_____
Commencement Date