



Date of Application: _____ Referred by: _____

Start Date of Class: _____ Email Address: _____

End Date of Class: _____ Are You Bilingual? Yes ☐ No ☐

Client Information: Have you been here before? Yes ☐ No ☐ If yes, when? _____

First Name _____ Last Name _____

Street _____ Apt. # _____ Apt. Name _____

City, State _____ Zip _____ County _____

Home Phone () _____ Work Phone () _____

Other Phone () _____ Cell Phone () _____

Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Social Security # _____ Spouse’s S.S. # _____

Date of Birth _____

Driver’s License or ID # _____ State _____

Have you committed any felonies? Yes ☐ No ☐ Have you committed any misdemeanors? Yes ☒ No ☐

If yes, to any felonies or misdemeanors, please explain: _____

Education Level: (last year of school or college completed) _____

ARE YOU ELIGIBLE TO WORK IN THE U.S.? YES ☐ No ☐ **Have you registered with Workintexas.com?** Yes ☐ No ☐

Please list all persons living in your household whether related or not:

Name	Sex	Age	Birth Date	Ethnicity/Race	Relation to Client
(Self)					(Self)

Why do you need training at this time? _____

Do you or any of your children have any medical needs? Yes ☐ No ☐

For ITL Use Only			
Training	Adult GED <input type="checkbox"/>	Safety/OSHA <input type="checkbox"/>	IC3 Computer Fundamentals <input type="checkbox"/>
	Leadership <input type="checkbox"/>	Logistics <input type="checkbox"/>	Customer Service <input type="checkbox"/>
	Job Readiness <input type="checkbox"/>	ESL <input type="checkbox"/>	Pharmacy Tech <input type="checkbox"/>
Referral			
Background Check	Submitted <input type="checkbox"/> Completed <input type="checkbox"/> Cleared <input type="checkbox"/> Exceptions:		
Employment/ Placement	CVS <input type="checkbox"/> Nestle <input type="checkbox"/> Omni <input type="checkbox"/> Sheraton <input type="checkbox"/>		
	Texas Trust Credit Union <input type="checkbox"/>		

EMPLOYMENT, INCOME AND EXPENSE (Please fill out as completely as possible and sign)

Current Employer

AddressCityZip

PhoneSupervisor

Job TitleStart Date:End Date:

Salary: \$Hr. Wk Mo Yr

If unemployed, last employer

If unemployed, how long have you been unemployed? (put in date last job ended)

Spouse's Employer

AddressCityZip

PhoneSupervisor

Job TitleStart Date:End Date:

If unemployed, last employer

If unemployed, how long unemployed? (put in date last job ended)

INCOME		EXPENSES		CASEWORKER	
Rate of Pay:(Circle One)		Rent/Mortgage \$		\$	
Hr. Wk. Mo. Yr \$		Electricity			
What is your Gross Salary? (Before taxes & deductions)					
What is your Net Salary? (Take Home Pay)					
What shift do you work? Are you part-time, full-time, on call, commission, or other?		Gas (heat)			
		Water			
		Car Payment			
Per Week \$ Per Month \$		Insurance (auto)			
Client second salary \$		Cell Phone			
Spouse Salary		Credit Cards			
Spouse second salary		Child Support		Unemployment	
Laundry				VA Benefits	
Prescription				Social Security	
Child Care				Disability (SSDI)	
Food				Food	
Stamps				Diapers TANF	
Furniture Workman's				Comp.	
Phone Child		Support		Other	
(explain) Other		Income		Other	
(explain) SSI				Health	
Insurance Death		Benefit		Gasoline	
Car Other Medicare				-	
Total Income \$		Total Expenses		\$	
Difference					
ARE YOU CURRENTLY RECEIVING FEDERAL FINANCIAL AIDE FOR COLLEGE?					
Yes No					

ARE YOU A VETERAN? Yes No ARE YOU A FOSTER CHILD? Yes No

I acknowledge that all information I provided in this document is true to the best of my knowledge.

Notes

SIGNATURE DATE