



English Language Learner

Workforce Navigator Program

# APPLICATION

<b>Last Name</b>
<b>First Name</b>
<b>Social Security Number</b>

## ENROLLMENT QUESTIONS

**Application Date**

**Address (Street, City, State, ZIP)**

**Phone Number**

**E-mail Address**

**Gender (select one)**

- Male
- Female

**Hispanic/Latino: Race (select one)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hawaiian Native or Other Pacific Islander
- White
- More than One Race

**Non-Hispanic: Race (select one)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hawaiian Native or Other Pacific Islander
- White
- More than One Race

**Current Highest Grade Completed**

- 8<sup>th</sup> Grade and Under
- 9<sup>th</sup> Grade – 12<sup>th</sup> Grade
- High School Graduate or Equivalent
- 1-3 Years of College, or Full-time Technical or Vocational School
- 4 Years of College or More

**High School Drop-Out**

- Yes
- No

**Basic Skills Deficient**

- Yes
- No

**Date of Birth**

**Age at Enrollment (select one)**

- 18-21
- 22-24
- 25-34
- 35-44
- 45-54
- 55 or Older

**Low Income**

- Yes
- No

**Persons with a Disability**

- Yes
- No

**Eligible Veteran**

- Yes
- No

**Offender**

- Yes
- No

**Primary Language Spoken at Home**

Signature of Interviewer	Date	Signature of Reviewer	Date
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Signature of Client	Date	Signature of Parent/Guardian	Date
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**Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any items is grounds for termination from the program and may result in action to recover any moneys paid to me while participating.**