

OFFICE USE ONLY
TABE: R: _____ M: _____
Init: _____ Date: ____/____/____

Employment Resources Incorporated

Application for High School Diploma Program

PLEASE USE BLUE OR BLACK INK WHEN COMPLETING THE APPLICATION

Name:

Last *First* *Middle*

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: (____) _____ Cell Phone: _____
(____) _____

E-Mail Address: _____ Date of Birth: _____
____/____/____

Are you currently employed? Yes _____ No _____

Place of Employment: _____ Work Telephone: _____
(____) _____

If Unemployed, are you receiving benefits and/or services from any of the following agencies? (Please check all agencies below that apply and list the name of your counselor/case worker)

_____ Virginia Employment Commission (Unemployment) Office Location:

_____ Dept. of Social Services - County: _____ Social Worker:

_____ Dept. of Rehabilitative Services - Office/Counselor:

_____ Other Agencies (List Agency & Contact Person): _____

Name and address of the last high school you attended: _____

Last Grade Completed: _____^{9th} _____^{10th} _____^{11th} _____^{12th}

Dates of high school attendance: From: ____/____/____ To: ____/____/____

How would you pay for the class? ____Self-Pay ____Agency Assistance ____Other Source

How soon would you like to begin the High School Diploma Program?

Which class do you prefer? Daytime Class: _____ Evening Class: _____

How did you learn about our High School Diploma Program?

Applicant's Signature: _____

Date: _____

*Please complete and return this application to:
Employment Resources Inc.
Attn: Michael West,
P.O. Box 801, Fredericksburg, VA 22404
Phone: 540- 372- 6710; Fax: 540- 373- 1791*