



**Have you worked in the last 6 months:  Yes  No *If yes, please list all jobs you have had (most recent first)***

Employer's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Your Duties: \_\_\_\_\_  
 Start Date (month/year): \_\_\_\_\_ End Date (month/year): \_\_\_\_\_ Hourly Wage : \_\_\_\_\_ Hours/Week: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Your Duties: \_\_\_\_\_  
 Start Date (month/year): \_\_\_\_\_ End Date (month/year): \_\_\_\_\_ Hourly Wage : \_\_\_\_\_ Hours/Week: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Your Duties: \_\_\_\_\_  
 Start Date (month/year): \_\_\_\_\_ End Date (month/year): \_\_\_\_\_ Hourly Wage : \_\_\_\_\_ Hours/Week: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Do you have the following:

- DMV Identification Card  Yes  No
- Driver's License  Yes  No
- Social Security Card  Yes  No
- Birth Certificate  Yes  No
- Transportation  Yes  No
- Childcare  Yes  No

If you answered *NO* to any of these questions, please explain:

I certify that the information contained in this application is true to the best of my knowledge. I know that this information will be reviewed and verified and I agree to supply documents to support this application. I am aware that if I am found ineligible after enrollment I will not be allowed to continue in this program and may be held responsible for reimbursing Employment Resources Incorporated for the cost of the services that I received. I authorize Employment Resources Incorporated to share this information as necessary in order to determine my eligibility for the program and to assist me in completing my education and gaining employment. I authorize the exchange of information and records, including school, special education IEP, employment and medical records. By signing below, I acknowledge that by applying for services, I am giving permission for Employment Resources Incorporated to use my Social Security Number and related records in accordance with its policies.

X  
**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

X  
**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (if applicant is under age 18)

Return Completed Application and Release of Information along with copies of your birth certificate, social security card, DMV identification card or driver's license, pay stubs for the past six months (along with your family member's pay stubs) to:

**Employment Resources Incorporated**  
 PO Box 801 Fredericksburg, VA 22404  
 Fax: (540) 373-1791  
 Phone for Information: (540) 372-6710

**Employment Resources Incorporated**

**CONTACT INFORMATION FOR RELEASE OF INFORMATION FORM**

I, (Print YOUR NAME) \_\_\_\_\_, authorize Employment Resources Incorporated (ERI) to obtain and share the following information in order to determine my eligibility and provide appropriate services to me while participating in the Workforce Innovation and Opportunity Act (WIOA) or YouthBuild Program.

**Applicant Information Needed for Past 6 Months**

Covering Last Six Months	Name of School, Facility or Employer	Mailing Address	Phone AND Fax Number
School Records (last school attended)			Phone Fax
Wage and dates of Employment			Phone Fax
Wage and Dates of Employment			Phone Fax
Counseling – mental health/substance abuse			Phone Fax
Probation/Parole Status			Phone Fax
Public Assistance			Phone Fax
Social Security			Phone Fax

**Include ALL Family Members Living In Your Household - Information Needed for Past 6 Months**

	<b>Name of Employer or Agency</b>	<b>Mailing Address</b>	<b>Signature of Family Member</b>
Wage and dates of Employment			
Wage and dates of Employment			
Wage and Dates of Employment			
Wage and Dates of Employment			
Public Assistance			
Social Security			