



WIA Enrolled

WorkFirst

Opp. Grant Only

Student Information Worksheet

Name _____ Today's Date _____

SVC Program _____ Program End Date _____

Home phone _____ Cell phone _____

Address _____

City _____ Zip Code _____

Emergency _____ Contact Phone _____

Email _____ Computer and internet? Yes No

Date of Birth _____ Social Security # _____

Age _____ SVC SID # _____

Gender Male Female

Race Latino Caucasian Black/African American Hawaiian/Pacific Islander Native American Asian

Permitted to work in US? Yes No

Registered for Selective Service? Yes No
Male only - 18 years or older

Currently Food Stamps? Yes No

Member of seasonal farm working family? Yes No

Disability that affects the type of work? Yes No Description: _____

Highest grade completed? 9 10 11 12 Diploma GED Other _____

Currently Employed? Yes No

Hours per week? _____

PLACEMENT INFO: To match you with a job shadow or internship we need additional information:
Note: internships build your resume, prepare you for your selected field of work, and may lead to an employment opportunity

Job Shadow: Yes No
3 to 4 hours observing an employer on site

Unpaid Internship: Yes No
8 - 10 hours per week for 4 weeks

Desired Area Mount Vernon Burlington Sedro Woolley Anacortes Stanwood Bellingham Other
Check all that apply:

Hours available 8:00 – 10:00 10:00 – Noon Noon – 2:00 2:00 – 4:00 4:00 – 6:00 6:00 – 8:00 Other
Check all that apply:

Date(s) available _____

Desired field
or Job Description _____

Desired job site Large Medium Small Other **COMMENTS:** _____
Check all that apply

Issues
Transportation or other _____