

WORKFORCE SERVICES

Tel: 605.367.5345 sdjobs.org

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM APPLICATION FORM

Name: _____
FIRST M.I. LAST

Physical Address: _____
STREET CITY & ZIP
STATE COUNTY LOCATION: Rural Urban

Mailing Address (If different from physical): _____

Primary Tel: (____)____-____ Alternate Tel: (____)____-____

Email: _____

Emergency Contact: _____ Tel: (____)____-____
NAME RELATIONSHIP

Date of Birth: ____/____/____ Last Four of SSN: _____ Number in Family Household: ____

Receiving Public Assistance: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Subsidized housing | <input type="checkbox"/> State of local welfare |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Social Security Disability (SSDI) | (General Assistance) |
| <input type="checkbox"/> SNAP | <input type="checkbox"/> TANF | <input type="checkbox"/> Other: |

Gender: Male Female Are you Hispanic or Latino?: Yes No Chose not to disclose

Race: (Check all that apply)

- American Indian or Alaskan Native
- Black/African American
- White/Caucasian
- Asian
- Native Hawaiian/Pacific Islander
- Other: _____
- Chose not to disclose

Last Grade Completed:

- | | |
|---|---|
| <input type="checkbox"/> No grade school | <input type="checkbox"/> 2 years of college |
| <input type="checkbox"/> 1-11 Years | <input type="checkbox"/> 3 years of college |
| <input type="checkbox"/> 12 years, but no HS Diploma or Equivalency | <input type="checkbox"/> Associates |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelors |
| <input type="checkbox"/> High School Equivalency/GED | <input type="checkbox"/> Education beyond bachelors |
| <input type="checkbox"/> 1 year of college | |

Have you previously participated in SCSEP through Experience Works or National Indian Council on Aging? Yes No

PRIORITY

- Disability? Yes No Choose not to disclose If yes, submit documentation if available
- Did you engage in volunteer work? Yes No
- Employed?: Yes No

Priority (Cont.)

4. Limited English Proficiency: Yes No Primary Language: _____
5. Low Literacy Skills? Yes No
6. Homeless? Yes No
7. Displaced homemaker? Yes No
8. Reside in Oglala County? Yes No
9. Employed?: Yes No
10. Veterans Status: Not Covered Self Spouse
11. Low Employment Prospects? Yes No If yes, explain:
12. At risk of homelessness? Yes No
13. Family Income of \$0? Yes No
14. Have you been incarcerated or under supervision following release from prison or jail within the last 5 years? Yes No

PRE-ASSESSMENT

When was your last date of employment? (MM/YYYY) _____/_____/_____

What type of work did you perform? _____

What type of work are you most interested in learning? _____

What skills are you most interested in learning? _____

CERTIFICATION

I certify that the information on this application and its supporting documents are accurate and complete. I understand and agree that misrepresentation or omission of facts represents grounds for elimination from consideration from SCSEP. I authorize the DLR to investigate and verify all statements contained in this application and supporting materials.

SIGNATURE

____/____/_____
DATE

STAFF USE ONLY

- Disability 75 years or older Criminal Convictions Lack of Education
- Live in an area of persistent unemployment