SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
WORKFORCE SERVICES
Tel: 605.367.5345 sdjobs.org

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
APPLICATION FORM

Name: ________________________________________  M.I.  ________________________________________
FIRST  M.I.  LAST
Physical Address: ________________________________________________  CITY & ZIP
STREET
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)
☐ No  ☐ Supplemental Security Income (SSI)  ☐ Social Security Disability (SSDI)
☐ SNAP  ☐ Subsidized housing  ☐ State of local welfare (General Assistance)
☐ TANF  ☐ 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:
☐ No grade school  ☐ 1-11 Years
☐ 12 years, but no HS Diploma or Equivalency  ☐ High School Diploma
☐ High School Equivalency/GED  ☐ 1 year of college
☐ 2 years of college  ☐ 3 years of college
☐ Associates  ☐ Bachelors
☐ Education beyond bachelors

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

PRIORITY
1. Disability?  ☐ Yes  ☐ No  ☐ Choose not to disclose   If yes, submit documentation if available
2. Did you engage in volunteer work?  ☐ Yes  ☐ No
3. 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 ☐ Criminal Convictions  ☐ Lack

☐ Live in an area of persistent unemployment