

Skilled Trades Pipeline Program with Elizabeth River Crossings Registration Form

1 Initial Point of Contact: <input type="checkbox"/> NextGen <input type="checkbox"/> VCW <input type="checkbox"/> HRVEC		2 Application Date: _____/_____/_____	3 State ID:: _____ STAFF USE ONLY	4 Social Security Number: Last 4: xxx-xx-
5 Applicant Name (Last, First, MI):		6 Street Address:		
7 Email:		8 City:	9 State:	10 Zip Code:
11 Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Cell () -	12 Date of Birth and Age: ____/____/____ Age: _____	13 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	14 Citizen Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen w/Right to Work Type: _____	
15 Selective Service: <input type="checkbox"/> Registered Male <input type="checkbox"/> Non Registered Male <input type="checkbox"/> Exempt Male <input type="checkbox"/> Exempt Female	16 Education Status: <input type="checkbox"/> Not a Student <input type="checkbox"/> Student, Not Grant Related <input type="checkbox"/> Student, Grant-Related	17 Highest Grade Completed: <input type="checkbox"/> School Dropout Last Grade Completed _____ <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Associates/Technical School <input type="checkbox"/> Bachelor's Degree	18 Priority Target Groups: (Check all that apply) <input type="checkbox"/> Adult <input type="checkbox"/> Norfolk <input type="checkbox"/> Portsmouth <input type="checkbox"/> Chesapeake <input type="checkbox"/> Veteran <input type="checkbox"/> Youth <input type="checkbox"/> ALICE	19 Documents Needed: 1. Adult: Verification of Income? <input type="checkbox"/> Yes <input type="checkbox"/> No Verification of Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Youth: Verification of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No Verification Education Status? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Veteran: Proof of Veteran Status OR <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Discharge Papers (DD214)
20 Labor Force Status: <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed F/T Regular <input type="checkbox"/> Employed & Received Notice of Layoff <input type="checkbox"/> Employed P/T (Complete 23 Below)	21 Number of Weeks Unemployed: _____ Weeks	22 Employment Information: Hours Per Week: _____ Wages: \$ _____ Per Hour	23 Most Recent Employment: Job Title: _____ _____ Employer Name	
24 1. VAWC Registered and Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Initial Appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. TABE? <input type="checkbox"/> Yes <input type="checkbox"/> No		25 Area of Occupational Interest: <input type="checkbox"/> Pipelaying <input type="checkbox"/> Roofing <input type="checkbox"/> Welding <input type="checkbox"/> NCCER Core <input type="checkbox"/> HVAC <input type="checkbox"/> Pipefitting <input type="checkbox"/> Plumbing <input type="checkbox"/> Carpentry		
26 Self Attestation: I certify that the above information relating to my eligibility is true to the best of my knowledge. I am aware that such information is subject to review and registration. I understand that I am subject to immediate termination if I am found ineligible after enrollment. I authorize release of this information for verification purposes and understand that it will be used to determine eligibility. _____ Applicant Signature		27 Alternate Contact Telephone Numbers: () _____ - _____ Name _____ () _____ - _____ Name _____ 28 HRWC Staff Reviewed: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible Completed BY: _____ Staff Signature: _____ Date: ____/____/____ Telephone: _____ Email: _____		
_____ Date				