



**For OIC Staff Only**

Date Entered: \_\_\_\_\_

Processed By: \_\_\_\_\_

Service Requested: \_\_\_\_\_

**APPLICANT INFORMATION FORM**

Please complete application in its entirety. **PRINT** all information clearly and to the best of your ability. If you have any questions, please feel free to ask our Intake Specialist.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**A. Personal Identifiable Information:**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Gender:    Male: \_\_\_\_      Female: \_\_\_\_

Last Name: \_\_\_\_\_      M.I. \_\_\_\_      First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_      Apt #: \_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_      Zip: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_      Current Age: \_\_\_\_      Home Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

Citizenship Status (Check One):      U.S. Citizen \_\_\_\_      Permanent Resident \_\_\_\_      Other: \_\_\_\_\_

Are you a United States Veteran: Yes \_\_\_\_ No \_\_\_\_      Do you have a documented disability? Yes \_\_\_\_ No \_\_\_\_

Ethnicity (Check One):      Hispanic: Yes \_\_\_\_ or No \_\_\_\_

Ethnicity	✓
White	
Black	
Black/African American/White	
Asian & White	
Asian	
American Indian/Alaskan Native	
American Indian/Alaskan Native/White	
American Indian/Alaskan Native/ Black/African American	
Native Hawaiian/Other Pacific Islander	
All Other Races Not Listed Above	

Do you have a current and valid driver's license?      Yes \_\_\_\_      No \_\_\_\_      State \_\_\_\_      Expiration Date: \_\_\_\_ / \_\_\_\_

What is your current marital status?      \_\_\_\_ Single      \_\_\_\_ Married      \_\_\_\_ Divorced      \_\_\_\_ Legal Separation

**B. Educational Status:**

What is your current educational status?

High School Graduate \_\_\_\_      GED Recipient \_\_\_\_      College Student \_\_\_\_      College Graduate \_\_\_\_      Other: \_\_\_\_\_

**C. Employment History:**

Have you ever worked before: Yes \_\_\_\_\_ No \_\_\_\_\_

1. Current or most recent employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \$ \_\_\_\_\_ per year/hr./monthly

Reason for Leaving: \_\_\_\_\_

**D. Criminal History:**

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Are you currently on probation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of probation officer: \_\_\_\_\_

Are you currently on parole? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of parole officer: \_\_\_\_\_

Do you have any court date(s) pending? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when: \_\_\_\_\_

**E. Financial Status:**

Indicate the number of family members currently living in your household: # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_

Are you the primary wage earner or head of household? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently receiving public assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently receiving SNAP Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is your employment status? Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

If employed, what is the average # of hours per week worked? \_\_\_\_\_

Hourly Rate of Pay: \$ \_\_\_\_\_ Pay per Week : \$ \_\_\_\_\_ Salary Per Year: \$ \_\_\_\_\_

Type of OIC Training/Service Sought: Please rank according to preference. Options include: **Certified Nursing Assistant, Culinary Arts, Business Office/Computer Skills, Basic Construction Safety/OSHA-10 Certification**

Training Choice #1: \_\_\_\_\_

Training Choice #2: \_\_\_\_\_

**Application Disclaimer & Acknowledgment**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify any information is grounds for immediate discharge from the program. In consideration for my application, I agree to abide by the rules and regulations of OIC, which rules may be changed, withdrawn, added, or interpreted anytime at the organizations sole option and without prior notice to me.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## **REQUIRED DOCUMENTS CHECKLIST**

In order for your application to be processed you must provide 1 copy of a document for each category. Please note that some documents may satisfy more than one category.

### **Proof of Citizenship Status**

1. U.S. Birth Certificate **OR**
2. Current U.S. Passport **OR**
3. Alien Registration Card **OR**
4. Certificate of Naturalization **OR**
5. Employment Registration Card **OR**
6. I-94, I-551, I-688B, I-766

### **Proof of Social Security Number**

1. Social Security Card

### **Proof of Employment History**

1. Resume, if applicable

### **Proof of Disability**

1. Official document certifying disability status from a physician, school, social service agency, or other authorized entity.

### **Proof of Educational Status**

1. High School Diploma **OR**
2. General Equivalency Diploma (GED) **OR**
3. Official School Transcripts

### **Proof of Address**

1. Official Mail: Government Postmarked Documents **OR**
2. Utility Bill With Last Name & Address **OR**
3. Current Lease

### **Proof of Income**

1. Current EBT Card **OR**
2. Official Letter From Social Services (must include applicant's name, Benefit#, and Date) **OR**
3. Benefit Budget Letter **OR**
4. Two Consecutive Paystubs within the Last Six Months **OR**
5. W-2 Form and one current paystub **OR**
6. Dated Pension Award Letter **OR**
7. Dated SSI/SSDI Award Letter **OR**
8. Unemployment Benefit Document **OR**
9. Letter of Support **OR**
10. If self-employed, Schedule C showing loss or profit or other appropriate schedules

### **Photo Identification**

1. Driver's License **OR**
2. Non-Driver's License **OR**
3. Current U.S. Passport **OR**
4. Alien Registration Card

**Please note that a criminal background check will be obtained by OIC staff.**