

SUPPLEMENTAL INFORMATION SHEET

Contact Phone Number(s) _____ Email Address _____

Full Name _____ County _____

Address _____

City

State

Zip Code

Are you a Veteran or a spouse of a veteran? Yes No

Are you currently receiving Public Assistance of any kind (SNAP, TANF, etc.)? Yes No

Have you taken the Work Keys and/or WIN Test? Yes No

Do you have a HS Diploma/ GED? Yes No

HOUSEHOLD INFORMATION

Name	Relationship	Age	Place of Employment	Income last 6 mo. Income
	SELF			

EMPLOYMENT HISTORY **Select one:** Currently Employed Unemployed Never Worked

Last/Current Employer _____ Address _____

Phone _____ Job Title _____ Wage per hour _____

From _____ to _____ Laid Off Quit Fired Reason _____
Month Day Year Month Day Year

Former Employer _____ Address _____

Phone _____ Job Title _____ Wage per hour _____

From _____ to _____ Laid Off Quit Fired Reason _____
Month Day Year Month Day Year

Former Employer _____ Address _____

Phone _____ Job Title _____ Wage per hour _____

From _____ to _____ Laid Off Quit Fired Reason _____
Month Day Year Month Day Year

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that I will not be considered for Workforce services if I submit false information. I certify that I have viewed the SC Works Centers' / Information Session at www.scworkspeedee.org and am interested in pursuing WIOA services.

Applicant's Signature _____

_____ Date

An Equal Opportunity Employer/Program

Auxiliary aids and services available upon request to individuals with disabilities

TTY: 711