

Workforce Development Application

- Review form with client and complete all items
- Refer to the instruction sheet for help with form completion
- Keep on file for five years



SAN FRANCISCO
OFFICE OF ECONOMIC &
WORKFORCE DEVELOPMENT

Contact Information

First Name: _____ Last Name: _____

Date of Birth (m/d/yy): _____ / _____ / _____ Last 4 Digits of Social Security Number: XXX-XX-_____
(Leave blank if you do not have or do not want to provide this information.)

Are you homeless?: Yes No (If yes, please provide an address where you can receive mail.)

Address: _____ Unit/Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number (Optional): _____

Email Address: _____

Demographic Information

Which best describes your race or ethnicity?

(Mark ALL that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic, Latino, or Spanish
- Middle Eastern or North African
- Native Hawaiian/Other Pacific Islander
- White

What is your primary language spoken at home?

(Mark ONE)

- Chinese (Cantonese)
- Chinese (Mandarin)
- English
- Filipino
- Russian
- Spanish
- Vietnamese
- Other Language. Please specify: _____

What is your gender?

(Mark ONE that best describes your current gender identity)

- Female
- Male
- Genderqueer/Gender Non-Binary
- Trans Female
- Trans Male
- Not Listed. Please specify: _____

How do you describe your sexual orientation or sexual identity?

(Mark ONE)

- Bisexual
- Gay/Lesbian/Same-Gender Loving
- Questioning/Unsure
- Straight/Heterosexual
- Not Listed. Please specify: _____
- Decline to Answer

	Yes	No
Are you currently in the military or a veteran?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with the criminal justice system?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty understanding English?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in or have you aged out of the foster care system?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a single parent?	<input type="checkbox"/>	<input type="checkbox"/>

Education and Employment

Are you currently in school?

(Mark ONE)

- In School, High School
- In School, Alternative School
- In School, Postsecondary School
- Not in School, High School Graduate or Equivalent
- Not in School, High School Dropout

What is your highest degree or grade completed?

(Mark ONE)

- No schooling completed
- _____ Grade (Write 1 through 11)
- 12th Grade – NO DIPLOMA
- High School Diploma
- GED or Equivalent
- Certificate of Attendance/Completion
- Post-Secondary Technical or Vocational Certificate
- Some College, No Degree
- Associate's Degree (AA, AS)
- Bachelor's Degree (BA, BS)
- Degree Beyond a Bachelor's Degree (MA, MS, PhD)

What is your current employment status?

(Mark ONE)

- Working Full Time
- Working Part Time (*less than 32 hours*)
- Not Working
- Never Worked
- Other (*such as working as a contractor or temporary employee*)

If working part time, are you seeking full-time employment?

(Mark ONE)

- Yes
- No
- Not Applicable

What is your current or most recent hourly wage?

\$ _____ per hour

Income and Public Benefits

Number of persons living in your family (including yourself):

(A family can be an individual or a group of people living together.)

Estimated ANNUAL family income for all adult members:

\$ _____ per year

Do you receive any public benefits assistance?

(Mark ALL that apply)

- CalFresh
- CalWorks
- Other Cash Assistance Program (*For example, CAAP, CALM, CAPI, Refugee Cash Assistance*)
- Medi-Cal
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)

I certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification by the Office of Economic and Workforce Development and the U.S. Department of Housing & Urban Development for federally funded programs.

Client/Parent Signature _____ Date _____

Agency Name _____ Agency Staff _____

Signature of Agency Staff _____ Date _____

For Agency Use Only

Community Development Block Grant (CDBG) Program Income Certification:

For clients enrolled in CDBG programs, review the income level of the client and indicate the source of income below.

- Payroll Stub
- Tax Return
- Unemployment Benefits
- Veteran's Benefits
- Public Benefits
- Rental Assistance
- Placed in Foster Care
- Self-Certified. Please explain below:
