

# APPLICATION FOR WORKFORCE SERVICES

## WORKER RETRAINING, WORKFIRST, BFET, & OPPORTUNITY GRANT

- Seattle Vocational Institute
- Health Education Center
- Seattle Maritime Academy
- Wood Technology Center

### PLEASE PRINT CLEARLY

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_

SID: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Have you lived in Washington for the last 12 months? Yes No

Have you applied for financial aid (FAFSA or WASFA)? (Required to apply within 90 days) Yes No

Have you received Opportunity Grant at any other Washington State community or technical college? Yes No

If yes, which college(s)? \_\_\_\_\_

Are a U.S. Veteran? If yes, please list discharge date: \_\_\_\_\_ Yes No

Have you received unemployment benefits within the last 4 years? Yes No

Are you receiving basic food assistance? Yes No

Are you receiving TANF (Temporary Assistance for Needy Families)? Yes No

### HOUSEHOLD INFORMATION

Marital Status: Single Married Separated Divorced Widowed

Family Size (including self) \_\_\_\_\_ No. of Dependents \_\_\_\_\_ No. Under 5 yrs old \_\_\_\_\_ No. 5-18 yrs old \_\_\_\_\_

If you are under 25, are you living with your parents? Yes No

### ESTIMATED GROSS MONTHLY INCOME (include parental income if under 25 and living with parents)

Sources	Amount	Sources	Amount
Your Wages	\$ _____	Alimony	\$ _____
Spouse/Partner/Parent Wages	\$ _____	GAU/GAX	\$ _____
Unemployment Benefits	\$ _____	Child Support	\$ _____
SSI/SSDI	\$ _____	Other	\$ _____

### Training Plan

What Training/Educational program do you want to study? \_\_\_\_\_

Training will lead to a (check all that apply):

- ☐ Skills Upgrade ☐ GED/High School Diploma ☐ Certificate ☐ Associate degree ☐ Bachelor degree

## Current Skills and Education

Do you have a previous degree?

☐ Yes ☐ No

If so, please indicate below.

☐ Certificate – date received (mm/yy): \_\_\_\_\_

Major: \_\_\_\_\_

☐ Associate's – date received (mm/yy): \_\_\_\_\_

Major: \_\_\_\_\_

☐ Bachelor's/Master's – date received (mm/yy): \_\_\_\_\_

Major: \_\_\_\_\_

## Work Experience

☐ No work experience in past year

Most Recent Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Type of Job (Select One): ☐ Full Time ☐ Part Time ☐ Seasonal

Start Date (mm/yy): \_\_\_\_\_ End Date (mm/yy): \_\_\_\_\_ or Still Current: ☐

## ADDITIONAL INFORMATION

Do you have a disability that requires special accommodations? If yes, please describe below.

\_\_\_\_\_  
\_\_\_\_\_

In the space below, briefly describe any challenges to you might face in completing your college program (i.e. medical/dental/vision, legal, housing, etc). Also describe how you will try to overcome these and how we may be able to help.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that you may be requested to bring additional documentation to verify your eligibility.

## RELEASE OF INFORMATION

"I, \_\_\_\_\_, give permission for the Washington State Department of Social and Health Services and Seattle Central College to use and share confidential information about me (except as limited below) as necessary for Employment and Training (E&T) activities as required by the BFET program. This consent is valid for a maximum of three years from the date signed, unless I withdraw or change my consent in writing. This consent DOES NOT permit sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment. I understand that I must fill out a separately approved consent form if I am under 18 years of age, I want to further limit information shared about me, someone else is representing me in this matter, or I want to allow sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment."

I certify that the information provided is true to the best of my knowledge. I authorize the following partners and agencies to exchange any information required for my enrollment and funding in the Workforce Programs: Employment Security, Worker Retraining partners, WorkSource/WIA agency partners, DSHS, other federal or state agencies, schools or colleges, and Community Based Organization. I am also aware that the information I have provided is subject to review and verification and I may be asked to provide documentation to support this application for program funding. This institution is an equal opportunity provider.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (mm/dd/yy)

**\*\*PLEASE CONTINUE TO THE NEXT PAGE TO COMPLETE THE WORKER RETRAINING DETERMINATION FORM \*\***

## Office Use Only

Ejas ID \_\_\_\_\_

☐ WRT ☐ OG

Comments:

YRQ Applying for \_\_\_\_\_

☐ BFET ☐ WF

**Seattle Central College**  
**Worker Retraining Program Determination Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Are you:**

Laid off work or otherwise terminated from employment due to no fault of your own AND are currently claiming Washington State Unemployment Insurance Benefits (UI).

Unemployed AND have exhausted UI benefits within the last 4 years.

Received a layoff notice and will be eligible to receive UI benefits, and will provide acceptable documentation of receiving UI benefits once they start claiming.

Employed and receiving partial Washington State UI benefits (must meet income guidelines below)

A displaced homemaker providing unpaid services to a family member(s) in the home who:

- has been dependent on the income of another family member but is no longer supported by that income; AND
- is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment (must meet income guidelines)

Formerly self-employed (including employment as a farmer, rancher, and fisherman) but are unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.

A Boeing displaced worker currently claiming Washington State UI Benefits.

Currently working and your job is at risk. You must meet at least 2 of the following 3 criteria:

- employed in an occupation identified as 'not in demand' (declining) on the region's Demand-Decline List <https://fortress.wa.gov/esd/wilma/wdclists/>, and/or
- have not reached the 'tipping point, which is defined as one year of college credits (45 credits) plus any certificate or degree related to their college coursework, and/or
- needs to obtain new skills. The worker (and optionally, their employer) must attest that the minimum qualifications for the worker's position have changed and that the employee is unable to meet the new skill standard without retraining.

Received a separation letter or separated from the U.S Armed Services with honorable discharge within the last 4 years (to establish eligibility you must present DD214 discharge papers).

***I certify that the above information is true. My signature authorizes release of my wage and employment information from Employment Security to Seattle Central College Workforce Services staff.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY**

**Employment Security Determination**

BYE \_\_\_\_\_ Benefits Exhaust(ed): \_\_\_\_\_

Client is:

- |  |                               |
|--|-------------------------------|
| ( )80 Dislocated                                       | ( )85 Boeing Displaced Worker |
| ( )81 Stop Gap Employment (when used with UA code 'W') | ( )86 Vulnerable worker       |
| ( )82 Not Dislocated                                   | ( )88 Displaced Veteran       |
| ( )83 Displaced Homemaker                              | ( )89 Active Military         |
| ( )84 Formerly Self Employed                           |                               |

Comments: \_\_\_\_\_

Signature (ESD Representative): \_\_\_\_\_

**Worker Retraining Verification**

Student ID \_\_\_\_\_ UA/W Code \_\_\_\_\_ Program \_\_\_\_\_ Prog Code \_\_\_\_\_

Fulltime \_\_\_\_\_ Part-time \_\_\_\_\_ Training Begin date: \_\_\_\_\_ End Date: \_\_\_\_\_

Signature \_\_\_\_\_

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