

APPLICATION FOR WORKFORCE SERVICES

WORKER RETRAINING, WORKFIRST, BFET, & OPPORTUNITY GRANT

- Main Campus
- Health Education Center
- Seattle Maritime Academy
- Wood Technology Center

- Please complete all sections of the form and **sign** the Release of Information AND the Worker Retraining Determination on the final page.
- Your application will be screened for all of our Workforce Programs to maximize your chance of eligibility for funding support.
- When we receive your completed application form we apply a 'hold' on your tuition costs until we work out your eligibility and whether we can assist you with funding. You do not need to pay tuition during this period.
- Processing time of your application can be as long as 7 business days, although usually sooner. Please wait 7 business days and check your emails and voicemail before contacting our office.
- **Please save your application (with a different file name) and email to: WorkforceServices@Seattlecolleges.edu**

Indicate the Quarter in which you plan to start school: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

First Name: _____ Last Name: _____

Preferred Name: _____ Birthdate (mm/dd/yy): _____

Gender: _____ Preferred Pronoun (e.g she, he, they): _____

EMPL ID (ctcLink ID): _____ SSN#: _____ Former SCC SID#: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email Address: _____

Do you give permission to be contacted via SMS text messages for updates & important information? Yes No
(Any normal charges for text messaging will apply)

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 attended any other Washington State community or technical college? Yes No

If yes, which college(s)? _____

Are you 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 (food stamps, SNAP)? Yes No

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

HOUSEHOLD INFORMATION

Marital Status: ☐ Single, ☐ Married, ☐ Separated, Year _____, ☐ Divorced, Year _____, ☐ Widowed, Year _____

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

Will you need childcare to attend school? Yes No

If you are under 25, are you living with your parents? Yes No (if YES, include parent information in next section)

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	\$

BFET INDIVIDUAL EMPLOYMENT PLAN – all students to complete

What Training/Educational program do you want to study? _____
(required field)

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

ESL/ABE/GED/HS21

Certificate

Associates Degree

Transfer Degree/A.A.

Bachelor Degree

Do you have a previous degree? ☐ Yes ☐ No If yes, please complete information below:

☐ Certificate date(mm/yy):_____Major:_____Country:_____

☐ Associate's date(mm/yy):_____Major:_____Country:_____

☐ Bachelor's/Master's date(mm/yy):_____Major:_____Country:_____

Work Experience

No work experience in past year

Most Recent Employer: _____

Job Title: _____

Job duties/major tasks: _____

Type of Job(Select One): ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unpaid

Start Date(mm/yy): _____ End Date(mm/yy): _____ ,or Still Current: ☐

Work Plan

Do you plan to work after reaching your educational goal? Yes No (If No, you are not eligible for the BFET program)

What job do you want after you finish your education? _____

Do you feel confident preparing a resume, applying for jobs and handling job interviews? Yes No

Transferable Skills

What skills and attributes from your work experience, education or life experiences can you bring to your new career?
For example, communication/language skills, empathy, computer skills, working with hands, math skills, team worker etc.

Employment and Educational Barriers

Do you have a disability that may require special accommodations at school or in a job? If so, please explain.

Please identify and/or explain any challenges that may make completing your program or finding a job more difficult. This information will help us identify ways we can further assist you.

Parenting/caring responsibilities
Mental or physical health issues
Housing instability
Chemical or other dependency
Learning difficulties
Lack of Confidence/self-esteem, or no support network
Criminal Record
Other, please identify _____

Please explain: _____

****Staff Use Only****

ADVISOR NOTES / STEPS / ACTION ITEMS/REFERRALS

Referrals to Support Services/Third-Party Agencies: _____

Support Requests: ☐ ORCA Card ☐ Parking Permit _____ ☐ Books, to \$300 ☐ Books, to \$100

☐ Tools _____ ☐ Supplies _____ ☐ Uniforms _____ ☐ Other _____

Student Signature at BFET Intake: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

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, funding and servicing in Workforce Programs: Employment Security, Worker Retraining partners, WorkSource/WIOA agency partners, DSHS, other federal or state agencies, schools or colleges, and Community Based Organizations. 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 ****

****Please fill out and sign this page, even if nothing applies to you - Thank you.**

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
- ☐ 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
- ☐ 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://www.esd.wa.gov/labormarketinfo> , 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: _____

****Once your form is completed, save it to your computer desktop with a different file name, and email it as an attachment to: Workforceservices@seattlecolleges.edu**

*****FOR OFFICE USE ONLY - Do not write below this line*****

Employment Security Determination

BYE: _____ Benefits Exhaust(ed): _____

- | | | |
|------------|--|---|
| Client is: | <input type="checkbox"/> 80 Dislocated | <input type="checkbox"/> 85 Boeing Displaced Worker |
| | <input type="checkbox"/> 81 Stop Gap Employment (when used with UA code 'W') | <input type="checkbox"/> 86 Vulnerable worker |
| | <input type="checkbox"/> 82 Not Dislocated | <input type="checkbox"/> 88 Displaced Veteran |
| | <input type="checkbox"/> 83 Displaced Homemaker | <input type="checkbox"/> 89 Active Military |
| | <input type="checkbox"/> 84 Formerly Self Employed | |

Comments: _____

Signature (ESD Representative): _____ Date: _____

Worker Retraining Verification

Student ID _____ UA/W Code _____ Program _____ Prog Code _____

Fulltime ☐ Part-time ☐ Training Begin date: _____ End Date: _____

Signature: _____ Date: _____