

**Business Employment Skills Team**  
*Interest Application*

**Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Apt #** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**County of Residence** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

What services are you interested in?

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**Educational Status**

**High School Graduate?**  Yes  No  GED **Highest Grade Completed**

**Currently attending any school?**  Yes  No **If "yes" name of school**

**Have you earned any previous college credits?**  Yes  No

**If yes, name of school/program:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Work Status**

**Employed Full Time**  **Employed Part Time**  **Unemployed**

**Current/Most Recent Employer:**

**Job Title:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

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**Family Size/Income**

List all family members **including yourself that live in your household.** Also show **gross earned income** of family members for the **last six months.**

<b>Name</b>	<b>Relationship</b>	<b>Age</b>	<b>Earned Income</b>
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*Please turn over and complete other side.*

Are you currently receiving any of the following sources of support?

- |  |  |
|--|--|
| <input type="checkbox"/> TANF                                  | <input type="checkbox"/> Worker's Compensation             |
| <input type="checkbox"/> Food Stamps                           | <input type="checkbox"/> Child Support/Alimony             |
| <input type="checkbox"/> Unemployment Insurance                | <input type="checkbox"/> Disability                        |
| <input type="checkbox"/> Social Security                       | <input type="checkbox"/> Social Security Disability Income |
| <input type="checkbox"/> Net Rents                             | <input type="checkbox"/> Supplemental Security Income      |
| <input type="checkbox"/> Savings Withdrawal                    | <input type="checkbox"/> Insurance Annuities               |
| <input type="checkbox"/> Financial Aid (Pell, Map, SEOG, ISSC) | <input type="checkbox"/> Township Assistance               |
| <input type="checkbox"/> Grants/Loans/Scholarships             | <input type="checkbox"/> Pension/Retirement                |

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**Other Information**

Are you a U.S. Citizen?     Yes     No                      Registered Alien?     Yes     No

If you are male, 18 or older, are you registered with Selective Service?     Yes     No

Are you a veteran?             Yes             No

**Race/Ethnicity:**

Hispanic:     Yes     No

White

Black

American Indian/Eskimo

Asian

Hawaiian/Pacific Islander

Do you have any disability you wish to acknowledge?     Yes     No

Are you in default of a school loan?             Yes     No

Have you ever been convicted of a crime?             Yes     No

Do you have limited English Proficiency?             Yes     No

If yes, please explain \_\_\_\_\_

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Have you or are you currently receiving services from any other Workforce Investment Area?

How did you find out about BEST, Inc.?

*I certify that the above information that I have provided is true and correct to the best of my knowledge.*

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Applicant Signature

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Date