



Workforce Education Intake Application

Campus: CLK WW Other _____ Application Date: _____

How did you hear about us? _____

A. DEMOGRAPHICS

Full name: _____ Student I.D.#: _____

Local address: _____ Social Security #: _____
Street address City State Zip

Local phone: () _____ Email: _____

Alternative phone: () _____ Preferred Method of Contact _____

Marital Status: Single Married Divorced/Separated/Widowed within past 60 months

Do you receive food benefits/food stamps? Yes No Do you receive TANF? Yes No

Veteran? Yes No / DD-214 discharge within past 48 months? Yes No /

Registered with Selective Service? Yes No

B. DEPENDENT RESPONSIBILITIES

of people in household: _____ # of your dependents under age 12: _____

If childcare is needed, what resources do you have? _____

C. EMPLOYMENT

Currently employed? Yes No Employer Name: _____ Job Title: _____

Current Wage & Hours/Week: _____ / _____ If employed, are you planning to work during the school year? Yes No
Wage Hours

If yes, Temporary Permanent PT/FT Seasonal If no, have you been employed in past 60 months? Yes No

Are you looking for work? Yes No Would you like more information on student employment? Yes No

D. EDUCATION INFORMATION

Education to Date (check all that apply):

- High school diploma or GED
- Associate's degree or AAAS
- Some college (but no degree)
- Bachelor's degree
- Certificate (professional-technical)
- Other: _____

Do you require special accommodations in accordance with the Americans with Disabilities Act? Yes No

E. ENROLLMENT STATUS AT WWCC

Please indicate your current enrollment status at WWCC:

Currently enrolled in _____ # of credits for Fall Winter Spring Summer Year _____

Not currently enrolled, but plan attending: Fall Winter Spring Summer Year _____

Which WWCC degree or certificate are you planning to pursue? _____ Certificate Degree

Have you completed a written educational plan, if yes, please attach? Yes No

Current Academic Advisor: _____

F. FINANCIAL AID RESOURCES

Have you submitted a FAFSA? Yes No Plan to Submit

If yes, have you submitted an Aid Adjustment (change of income/circumstances)? Yes No Plan to Submit

Are you currently receiving college financial aid (includes federal/state work-study)? Yes No

I certify that the information on this application form is true and correct.

Applicant's Signature _____

Date _____

WALLA WALLA COMMUNITY COLLEGE WORKFORCE EDUCATION SERVICES CONFIDENTIALITY CONSENT

"I, _____, _____, give permission for the Washington
Print Name *SID*

State Department of Social and Health Services, Walla Walla Community College, and Agencies listed below initialed by me 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 Basic Food E & T (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."

Walla Walla Community College:

Office of Admissions and Records initial: _____

Business Services initial: _____

(Cashier, Accounts Payables, Bookstore) initial: _____

Financial Aid Office (awards) initial: _____

Student Development Center initial: _____

(Advising, Navigating, Testing, GED testing) initial: _____

Department of Social and Health Services initial: _____

Working Connections Child Care initial: _____

Child Protective Services initial: _____

BMAC/Rural Resources initial: _____

Walla Walla/Asotin County Housing Authority initial: _____

Counseling Services (list below) initial: _____

Childcare provider (list below) initial: _____

Employment Security Department:

WorkSource Walla Walla initial: _____

WorkSource Pullman/Clarkston initial: _____

Other: _____ initial: _____

I have read and understand this consent form.

Participant's Signature

Date