

Veteran Workforce Investment Program

1100 E 14th Ada, OK 74820

Ph 580-559-5852

Fax 580-559-5652

Participant Application

Name _____ Social Security Number _____
Last First MI

Birth date _____ Age _____ Sex Male Female

Address _____ County _____
Street/Box Number City State Zip Code

Phone Number(s) _____
Home Work Message

E-mail Address _____

Will you require room and board accommodations to fully participate? Yes No

ELIGIBILITY DATA: *A copy of your DD-214 is required.*

Are You a Veteran? Yes No Are You a U.S. Citizen or Permanent Resident? Yes No

Branch Served _____ Active Duty Service _____
Years/Months

Type of Discharge _____ Discharge Date _____
Month/Day/Year

Please check all that apply to your veteran status:

Separated within 48 months Campaign Badge Operation Iraqi Freedom Operation Enduring Freedom

List your employment barrier(s) _____

The information I have given is true and correct to the best of my knowledge.

Signature _____ Date _____

MISSION STATEMENT: The mission of the East Central University Veterans Workforce Investment Program, in support of the University and the Division of Student Development, is to provide United States military veterans the opportunity to address and overcome employment barriers by providing assistance, support, and specific Green Job Certifications, which will enable them to become gainfully employed.

In compliance with Title VI of the Civil Rights Act of 1967, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, sections 503 and 504 of the Rehabilitation Act of 1973, and other Federal Laws and Regulations, East Central University does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, disability, or status as a veteran in any of its policies, practices or procedures. This includes, but is not limited to admissions, employment, financial aid, and education services. This publication has been printed by the East Central University Veterans Workforce Investment Program as authorized by Title 70 OS 1981, Section 3903; 200 copies have been prepared and distributed at a cost of \$20.00. Preparation of this item was funded 100% by the United States Department of Labor under Grant No. E-9-6-0014. Total grant award for the 2009-2010 year is \$500,000. 7/14/09

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Participant Application Page 2

Name _____
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Ethnic Background

- Caucasian
- African American
- Hispanic
- Native American
- Other Minority

Marital Status

- Single
- Married
- Separated
- Divorced
- Widowed

Are you registered at your local Workforce office?

Yes No

Are you currently drawing unemployment benefits?

Yes No

Are you a service-connected disabled veteran?

Yes No

Are you disabled in any way? Yes No Prefer not to answer

If yes, please describe any disabilities: _____

To fully participate in this program you must be able to meet general physical labor requirements.

1. Can you lift up to 40 Ibs? Yes No
2. Are you able to sit, stand, and walk for extended periods of time? Yes No
3. Are you able to wear a full face respirator? Yes No

Most Recent Work History

Employer Name _____ Date Employed from _____ to _____

Job Title _____ Duties Performed _____

Tools/Equipment used _____

Skills used _____

Reason for leaving _____

For Office Use Only

Class Start Date _____ ECU VWIP Case Manager _____

Workforce Office Registered with _____ LVER/DVOP _____