

CAREER SERVICES ENROLLMENT APPLICATION

| Enrollment Information | |
|---|--------------------------------|
| Print Name: | Social Security Number: |
| Applicant Address: (street, city and zip code) | Employer Name: |
| Applicant Phone Number: | Employer Phone Number: |

I certify that I am working 30 or more hours per week in unsubsidized employment and:

- I have provided payroll documentation for verification.
- or
- I do not have payroll documentation or it is incomplete. I authorize an Employment Security Department, Career Services Representative to contact my employer to verify that I am working the required hours.

I understand that I must tell an Employment Security Department Career Services Representative if:

- My address changes
- I move out of state
- I am no longer working 30 hours per week, or
- I receive TANF/WorkFirst benefits

If we become aware of any of the above conditions, it may result in termination from the Career Services Program.

Applicant Signature

Date

| Official Use Only |
|----------------------------------|
| Application Processed by: |

Application processed by _____

Print name

Date

| To be completed by a Supervisor, Administrator or Designee | | |
|--|---------------------------|----------------------|
| Enrollment Approved by: | | |
| _____ Print Name | _____ Signature | _____ Date |
| Comments | | |

Enrollment in SKIES Processed by:

Enrolled by _____

Print name

Date

Note: Attach payroll documentation and/or employment verification forms to the application and retain in files