TEXAS WORKFORCE COMMISSION

SOCIAL SECURITY #	LAST NAME	FIRST NAME	MIDDLE INITIAL

ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE

COUNTY

POSITION DESIRED

The information below is optional and is being collected for the purpose of reporting to federal and equal employment opportunity agencies. Wagner-Peyser as amended Section 491(c) 20CFR 652.8 (c)

Disabilty: ☐ Yes ☐ No ☐ No Answer

Gender: ☐ Male ☐ Female

Birthdate _____ / _____ / _____
Month Day Year

Race/Ethnic:
1☐ White
2☐ African American
3☐ Hispanic
4☐ Native American/Alaskan Native
5☐ Asian
6☐ Other
7☐ Pacific Islander

HIGHEST GRADE OR DEGREE COMPLETED _____

Are you currently attending school? ☐ Yes ☐ No Are you looking for summer work only? ☐ Yes ☐ No

EMPLOYMENT STATUS ☐ Employed ☐ Unemployed

MILITARY VETERAN ☐ Yes (with other than dishonorable discharge) ☐ No

Date Entered Active Duty _____ Date Discharged _____

I have received notification concerning Equal Opportunity is the Law ☐[1]

Signature _____ Date _____

WORKFORCE CENTER USE

VETERAN STATUS
☐ 0-No
☐ 1-Vietnam Era
☐ 2-Other Vet
☐ 3-Eligible Person
☐ 4-Other w/Campaign
☐ 5-Vietnam Campaign Badge

COUNTY _____

WDA _____

REGISTRATION DATE
_____ / _____ / _____
Month Day Year

YOUTH
☐ 1-Yes

EDUCATION STATUS
☐ 1-In School
☐ 2-Not in School

WFC# __ __ __ __ STDK __ __ __ __ DOT __ __ __ __ __ __ __ __ __

Individuals may receive, review, and correct information that TWC collects about the individual by e-mailing to: open.records@twc.state.tx.us or writing to: TWC Public Information, Rm 264, 101 East 15th, Austin, Texas 78778-0001