



LUMBER RIVER WORKFORCE DEVELOPMENT BOARD

Local Area (Bladen, Hoke, Richmond, Robeson and Scotland Counties)

NATIONAL DISLOCATED WORKER GRANT INTAKE APPLICATION

DATE: _____

PERSONAL INFORMATION Directions: Complete each section with ink. Please print.NAME: _____ SSN: _____
Last First MiddleADDRESS: _____
Street No. or RFD City State Zip Code

TELEPHONE NUMBER: _____ ALT. TELEPHONE NUMBER: _____

COUNTY OF RESIDENCE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: ☐ Male ☐ FemaleARE YOU A UNITED STATES CITIZEN? ☐ Yes ☐ No RESIDENT NON-CITIZEN? ☐ Yes ☐ No REGISTRATION # _____RACE – SELECT ALL THAT APPLY: ☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Asian
☐ Black or African American ☐ Hawaiian Native or other Pacific Islander ☐ WhiteIF MALE 18 OR OLDER, ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? ☐ Yes ☐ No REGISTRATION # _____CHECK CURRENT MARITAL STATUS: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ WidowedVETERAN ☐ Yes ☐ No DRIVER'S LICENSE: ☐ Yes ☐ No STATE: _____ CDL ☐ Yes ☐ No

Are you currently receiving TANF, Food Stamps, Medicaid, or other public assistance? _____

Have you ever participated in any other employment and training program? _____

What type of employment are you seeking? _____

Please provide a valid email address: _____

EDUCATIONAL BACKGROUND List your complete educational history below:

| | | | |
|---|---|---------------------------------|--|
| Are you currently attending school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, (check one) | <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other (specify) |
| If attending high school, indicate: | Current Grade: _____ | Anticipated Date of Completion: | _____/_____/_____ |
| If attending college, indicate: | Total Credit Hours: _____ | Anticipated Date of Completion: | _____/_____/_____ |
| Did you graduate from high school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of High School: | _____/_____/_____ Yr. _____ |
| Did you receive a (check one) | <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate | Do you have a (check one) | <input type="checkbox"/> GED <input type="checkbox"/> Adult High School Equivalency |
| If no, what is the highest grade you completed? | _____ | | |
| Did you graduate from college? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of College: | _____/_____/_____ Yr. _____ |
| Did you receive a (check one) | <input type="checkbox"/> Degree <input type="checkbox"/> Certificate | | |

Have you completed any vocational courses or have 6-months experience in any of the following areas: (Check all that apply)

| | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Office Occupations | <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> Blueprint Reading | <input type="checkbox"/> Health Occupations | <input type="checkbox"/> Others (Specify) |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Drafting | <input type="checkbox"/> Marketing/Retail | _____ |
| <input type="checkbox"/> Shorthand | <input type="checkbox"/> Accounting | <input type="checkbox"/> Electrical Installation | <input type="checkbox"/> Woodworking | _____ |
| <input type="checkbox"/> Introduction to Computers | <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Machine Shop | _____ |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Construction Trades | <input type="checkbox"/> Masonry | <input type="checkbox"/> Electronics | _____ |

What type of equipment can you operate: (Check all that apply)

| | | | | |
|--|--------------------------------------|---|---|---|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Cash Register | <input type="checkbox"/> Industrial Machinery | <input type="checkbox"/> Others (Specify) |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Copier | <input type="checkbox"/> Fork Lift | <input type="checkbox"/> Food Prep Equipment | _____ |
| <input type="checkbox"/> Postage Machine | <input type="checkbox"/> Calculator | <input type="checkbox"/> Construction Equipment | <input type="checkbox"/> Automotive Machinery | _____ |

EMPLOYMENT BACKGROUND

List your work history for the last three employers. Begin with the most recent employer first.

| | | | | | | | | | |
|---------------------|-------|-----|-------|----------------|------------|------------------------------|-------|--|--|
| Employer Name: | _____ | | | | Job Title: | _____ | | | |
| Address: | _____ | | | | | | | | |
| Job Duties: | _____ | | | | | | | | |
| Employed From: | _____ | To: | _____ | Hourly Salary: | \$ _____ | Average Weekly Hours Worked: | _____ | | |
| Reason for Leaving: | _____ | | | | | | | | |
| | | | | | | | | | |
| Employer Name: | _____ | | | | Job Title: | _____ | | | |
| Address: | _____ | | | | | | | | |
| Job Duties: | _____ | | | | | | | | |
| Employed From: | _____ | To: | _____ | Hourly Salary: | \$ _____ | Average Weekly Hours Worked: | _____ | | |
| Reason for Leaving: | _____ | | | | | | | | |
| | | | | | | | | | |
| Employer Name: | _____ | | | | Job Title: | _____ | | | |
| Address: | _____ | | | | | | | | |
| Job Duties: | _____ | | | | | | | | |
| Employed From: | _____ | To: | _____ | Hourly Salary: | \$ _____ | Average Weekly Hours Worked: | _____ | | |
| Reason for Leaving: | _____ | | | | | | | | |

I approve the release of information to the LRCOG Staff and participating agencies of records and information relevant to my job search.

Applicant Signature: _____ **Date:** _____

Please submit completed applications to kammala.brayboy@lrcog.org or by mail to:

Lumber River Council of Governments
Attn: Kammala Brayboy
30 CJ Walker Road, COMtech Park
Pembroke, NC 28372