

RACE/ETHNICITY	OTHER DEMOGRAPHIC DETAILS (<i>Circle all that apply</i>)			
<input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> OTHER	DAY LABORER	DISABLED VETERAN	EMANCIPATED FOSTER YOUTH	FEMALE HEADED HOUSEHOLD
	FULL-TIME STUDENT	GENERAL RELIEF RECIPIENT	HOMELESS	RE-ENTRY/ PROBATION
	SECTION 8	SNAP RECIPIENT	SSI RECIPIENT	TANF RECIPIENT
UNION APPRENTICESHIP DETAILS		WORKSOURCE (WIOA) CENTER NAME		
LOCAL TRADE UNION _____ LOCAL # _____ APPRENTICE PERIOD # _____		<input type="checkbox"/> NONE NAME _____		
SAFETY TRAINING COMPLETED	CONSTRUCTION EXPERIENCE	PRE-APPRENTICESHIP TRAINING		
<input type="checkbox"/> 10 HR OSHA <input type="checkbox"/> 40 HR HAZWOPER <input type="checkbox"/> 30 HR OSHA <input type="checkbox"/> 80 HR HAZWOPER <input type="checkbox"/> OTHER _____	NUMBER OF YEARS: _____ TRADE(S) _____ _____	<input type="checkbox"/> WE BUILD PROGRAM <input type="checkbox"/> WINTER <input type="checkbox"/> YOUTHBUILD <input type="checkbox"/> OTHER_(please specify) _____		
REQUESTOR'S STATEMENT: I certify that the information provided on this form is accurate and complete. I acknowledge that providing incomplete or misleading information shall be grounds for rejection of request. I therefore authorize such verification and will provide supporting documents if requested.				
SIGNATURE: _____ DATE: _____				
OFFICE USE ONLY ECC EVALUATOR NAME: _____ VERIFICATION DATE: _____ TYPE OF DISBURSEMENT: _____ DISBURSEMENT DATE: _____ ECC FINANCE: <u>Steve Jenkins, Chief Financial Officer</u> SIGNATURE: _____				

SUPPORTING DOCUMENTATION

To expedite processing, please include the following supporting documents if applicable:

- Pre-apprenticeship training completion certificate
- OSHA training certificate(s)
- Letter from hiring contractor or local trade union
- Veteran status discharge form DD-214
- Public agency or WIOA center letter confirming receipt of public assistance