

SCOTI *Sharing Career Opportunities & Training Information*

Application for
Labor Exchange Services

General instructions: Complete all applicable blanks or circle the appropriate choice. Items marked with an asterisk * are required information. Application cannot be processed without this information.

CONTACT INFORMATION * Social Security Number: _____

* First Name: _____ Middle Initial: _____ * Last Name: _____

* Street Address: _____

* City, State, ZIP: _____

* County of Residence: _____ * Home Phone: _____

Message Phone: _____ E-mail address: _____

Mailing address, if different from above:

* Address: _____

* City, State, ZIP: _____

EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION

EEO Information is collected for statistical purposes only. Please circle all that apply.

* Gender: M F * Race: Asian Black/African American Native American/Alaska Native
Native Hawaiian/Other Pacific Islander White Other

* Are you Hispanic or Latino? Yes No

GENERAL INFORMATION (Please circle one or fill in the blank)

* Highest Level of Education Completed: Grade 0 1 2 3 4 5 6 7 8 9 10 11 12
GED High School Graduate Completed 12, no diploma

College: 1 Year 2 Years 3 Years 4 Years 5 Years 6 Years 7 Years

Associate's Degree Bachelor's Degree Master's Degree Doctoral Degree

* Migrant Seasonal Farm Worker Status: Not applicable Migrant Farmworker
Migrant Food Processor Migrant Seasonal Farmworker

* Citizenship: US Citizen Registered Alien Refugee Other Legal Alien Other

* Education Status: Student, H.S. or less Student, attending post H.S.
Not attending school, H.S. dropout Not attending school, H.S. graduate

* Date of Birth: Month/Day/Year _____

* Disability: Yes No * Currently Employed: Yes No

* Receiving Unemployment Compensation: Yes No

GENERAL INFORMATION, CONTINUED (Please circle all that apply or fill in the blank)

Driver's License State of Issue: _____

Driver's License Class: Class A Class B Class C Non-Commercial

Endorsements: **T** (Doubles/Triples) **N** (Tanker) **X** (Tanker w/ HazMat) **H** (HazMat) **S** (School Bus)
P (Passenger) **P1** (CDL-A w/ 15 riders or less) **P2** (CDL-A/B w/ 15 riders or less)
P4 (School bus with less than 16 riders) **W** (Waiver of farm-related service)
K (In-State only) **L** (Vehicles not equipped with air brakes)

DISLOCATED WORKER INFORMATION (Please circle one)

- * Were you laid off of your job through no fault of your own and you are not likely to be recalled to that job? Yes No
- * Did you lose your job because of the permanent closure of a plant, facility or enterprise? Yes No
- * Were you self-employed but are now unemployed because of a general economic decline? Yes No
- * Are you a displaced homemaker who had been providing unpaid services to family members but are now seeking employment? Yes No

VETERAN INFORMATION (Please circle one or fill in the blank)

- * Are you a veteran? Yes No (**If Yes**, please answer the following questions. **If No**, please skip to Veteran Spouse Information.)
- * Are you on active duty and do not expect to be discharged within 110 days? Yes No
- * Were you discharged or released with other than a Dishonorable discharge? Yes No
- * Did you serve on active duty for a period of over 180 days? Yes No
- * Did you serve as a member of a reserve component or National Guard unit ordered to active duty under Title 10, USC, and were you discharged from such duty with other than a Dishonorable discharge? Yes No
- * Were you awarded a campaign medal? Yes No If Yes, list name and dates of Campaign, if known:

- * Do you have a service-connected disability rated by the VA at less than 30%? Yes No
- * Do you have a service-connected disability rated by the VA at 30% or more **OR** were you discharged or released from active duty due to an injury incurred in or aggravated by military service? Yes No
- * Are you enrolled in the VA Vocational Rehabilitation (Chapter 31) program? Yes No
- * Date entered Active Military Service: Month/Day/Year _____
- * Date discharged from Active Military Service: Month/Day/Year _____

Veteran Spouse Information (Please circle one)

- * Are you the spouse of any member of the Armed Services who:
 - * Died as a result of a service-connected disability? Yes No
 - * Has a permanent, total disability resulting from a service-connected disability? Yes No
 - * Died while the disability was in existence? Yes No
 - * Is listed or has been listed as Missing in Action (MIA) for more than 90 days? Yes No
 - * Is listed or has been listed as captured in the line of duty by hostile forces for more than 90 days? Yes No
 - * Is or has been forcibly detained or interned in the line of duty by a foreign government or power for more than 90 days? Yes No

EMPLOYMENT HISTORY (Please circle one or fill in the blank)

- * O*NET Code & Title (Use O*NET code book) _____
- * Employer Name _____
- * Job Title _____
- * Hourly wage: _____ * Start Date: _____ * End Date _____
- * Reason for leaving: Lack of Work Voluntary Quit Discharged Labor Dispute Retired
Still Employed
- * Briefly describe major job duties, include tools and machines used: _____

If additional employment histories are needed, please provide information on a separate sheet.

DESIRED EMPLOYMENT OPTIONS (Please circle all that apply)

Are you willing to live at the worksite? Yes No Are Health Benefits required? Yes No

Will you accept: Full Time Part Time Temporary Seasonal

Will you accept: 1st Shift 2nd Shift 3rd Shift Rotating Shift Split Shift

Will you work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

DESIRED EMPLOYMENT JOBS (Please fill in the blanks)

OCCUPATION 1

* O*NET Code & Title _____ * Experience in months _____

* For the above occupation, in which counties are you willing to work? Specify County and State, and minimum acceptable hourly wage for each choice OR choose Statewide. (See map of available counties on next page)

* Willing to work statewide? Yes No * Desired statewide hourly wage _____

* County/State _____ * Desired hourly wage _____

OCCUPATION 2

* O*NET Code & Title _____ * Experience in months _____

* For the above occupation, in which counties are you willing to work? Specify County and State, and minimum acceptable hourly wage for each choice OR choose Statewide. (See map of available counties on next page)

* Willing to work statewide? Yes No * Desired statewide hourly wage _____

* County/State _____ * Desired hourly wage _____

STAFF USE ONLY

Agent ID: _____ Office Number and Location: _____

Date: _____

