



National Farmworker Jobs Program PARTICIPANT Application

**A Department of Labor Employment & Training Administration 100% Funded Program

Hawaii Location: _____ Date of Completed Application: _____
Source: ___ Walk In ___ Participant Referral ___ Outreach(business/Community) ___ AJC/Job Fairs Other: _____
___ Check HERE if the applicant below is the **farmworker** CHECK HERE _____ if a Farmworker Dependent

Name: (LEGAL NAME)		Date of Birth:	
Address: (Street)		(City, Zip code)	
E-mail:		Phone:	Cell Phone:
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	What documentation can you provide for verification? <input type="checkbox"/> U.S. Birth Certificate <input type="checkbox"/> Work Visa <input type="checkbox"/> Permanent Resident Alien Card		
Emergency Contact:	Phone:	Address:	

Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode of Transportation? <input type="checkbox"/> Personal Car or family <input type="checkbox"/> Public Bus <input type="checkbox"/> No access to transportation
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Selective Service Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity? <input type="checkbox"/> Hispanic, Latino, Spanish <input type="checkbox"/> Unknown <input type="checkbox"/> NOT Hispanic, Latino, Spanish OTHER: _____
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Work – Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Company: _____

Household Information: The following section is in regards to the applicant’s household (all those that contribute and rely on the same income).

Household Size:	Total Household Gross Income:
Are you or anyone in your household receiving (or have received in the past 6 months):	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Supplemental Security Income (SSI)

Employment History: Include employment for the past 24 MONTHS

Employer #1		Address/Phone:	
Start Date:	End Date:	Rate of Pay: Per _____	# Hours worked per week
Job Description: <input type="checkbox"/> Is this Farmwork?			
Employer #2		Address/Phone:	
Start Date:	End Date:	Rate of Pay: Per _____	# Hours worked per week

Job Description: <input type="checkbox"/> Is this Farmwork?			
Employer #3		Address/Phone:	
Start Date:	End Date:	Rate of Pay: Per _____	# Hours worked per week
Job Description: <input type="checkbox"/> Is this Farmwork?			

*****PLEASE USE ADDITIONAL PAPER AND/OR ATTACH RESUME TO APPLICATION*****

Please CHECK ALL Services below that you have or are currently using:	
<input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> Literacy Deficient <input type="checkbox"/> Homeless <input type="checkbox"/> US Citizen <input type="checkbox"/> Disability OTHER: _____	
EDUCATION: Please Answer YES or No <input type="checkbox"/> High School Graduate – Year _____ <input type="checkbox"/> College Graduate – Year _____ Degree _____ <input type="checkbox"/> Technical or Trade School –Year Area _____ <input type="checkbox"/> GED _____ Highest Year completed	Career Goal: Please Check all that apply: <input type="checkbox"/> Full time Work <input type="checkbox"/> Part time Work <input type="checkbox"/> Full time School <input type="checkbox"/> Part time School <input type="checkbox"/> Own my own Business-Area _____ <input type="checkbox"/> Work for a Business or Organization
Current Housing? <input type="checkbox"/> Own <input type="checkbox"/> Rent Other _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
I certify that the information provided herein is true and accurate to the best of my knowledge. I understand that by intentionally providing false information in order to be determined eligible is grounds for immediate termination with or without advance notification.	
PRINT NAME: _____	
SIGNATURE: _____ DATE: _____	
..... Eligible _____ Ineligible _____	
NFJP Staff Member PRINT NAME: _____	
SIGNATURE: _____ DATE: _____	
AVP Enrollment Completion Date _____ FILE Date _____ TIME TO NOTE Initial Date _____	