

PARTICIPANT INFORMATION

Company Name: _____

First Name:		Middle Initial:	Last Name:		Maiden Name (if applies):
Current Mailing Address:				Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	County:		State:	Zip Code:	
Primary Phone:		Alternate Phone:		E-Mail:	
Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Choose not to answer		Are you registered for Selective Service (if applies)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you receiving <input type="checkbox"/> SSI or <input type="checkbox"/> SSDI
Citizenship: What is your citizenship status? <input type="checkbox"/> Citizen of U.S. or U.S. Territory <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S. # _____ Exp. Date: _____					Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest grade you have completed? <input type="checkbox"/> No High School Diploma or GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College or Vocational Training <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Specialized Cert / Other Degree					
Are you currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			What is your security clearance? <input type="checkbox"/> No Clearance <input type="checkbox"/> Active Confidential <input type="checkbox"/> Active Secret <input type="checkbox"/> Active Top Secret <input type="checkbox"/> Active Top Secret SCI		
Are you currently looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Migrant Farm Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you received a termination or layoff notice from your last job or, if still employed, current job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason: If applicable, what was your actual layoff date? ____/____/____		
What is your current / previous job title? _____ What is your desired job title? _____					
Ethnic Origin: Are you of Hispanic or Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer Race: Select any that apply: <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> I do not wish to answer				Have you ever registered with the Virginia Workforce Connection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide your user name: _____	

Are you currently in the military, a veteran or the spouse of a veteran? Yes No
Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated? Yes No

Military Service: Veterans may be entitled to additional state & federal benefits (Veterans and Spouses of Veterans, please complete back side of this form if you answered "yes" to either of these questions)

To protect your privacy, your Social Security number will not be used as your identification number. The Rapid Response will only use your Social Security number in accordance with federal and state reporting requirements. It shall not permit further disclosure unless required or authorized by the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. Code 1232g, or pursuant to your obtained consent.

Signature of Participant

Social Security Number

Date Form Completed

Rapid Response services are currently funded through the U.S. Department of Labor. As part of this initiative, we are asked to collect information on participants to identify if the program is meeting expected outcomes. As a participant in this program, you may be asked for personal information, such as race/ethnicity, date of birth, and SSN. Please note that sharing of this information is protected by the confidentiality laws of the Federal Education Rights and Privacy Act (FERPA), which prohibits agencies from disclosing your personal information to any entity unless authorized by state or federal law.

Office Use Only

Date of Rapid Response Employee Briefing ____/____/____		Employer: _____ Type of Business: <input type="checkbox"/> Private Business <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Local Gov. <input type="checkbox"/> Other			
Coordinator:		Event #:			
User Name:		Region:	<input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Northern <input type="checkbox"/> Western		
Rapid Response Employee Briefing:	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Briefing: _____	Rapid Response Survey:	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Received: _____		
On site transition workshops Title _____ Date Attended _____		Job Fairs Location _____ Date Attended _____			

THIS SIDE ONLY TO BE COMPLETED BY VETERANS OR SPOUSES OF VETERANS.

FIRST NAME: _____ LAST NAME: _____

U.S. MILITARY STATUS: I HAVE SERVED IN THE U.S. MILITARY SPOUSE SERVED IN THE U.S. MILITARY

Military Service: Veterans may be entitled to additional state and federal benefits

Are you in the military, a veteran, or the spouse of a veteran? Yes No

Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who are currently activated? Yes No

Please be sure to make only "one" selection from questions 1-3 below.

Question 1. Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? Yes No

Question 2. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? Yes No

Question 3. Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? Yes No

Veteran

Spouse

Veterans and Spouses of Disabled or Deceased Veterans:

If you answered Yes to Question 2 please enter the information below about your military service. If you answered Yes to Question 3 please enter the information below about your spouse's military service.

Did you serve more than 1 tour of duty? Yes No

Military Service Entry Date: _____/_____/_____

Military Service Discharge Date: _____/_____/_____

Received / eligible for a military campaign badge: Yes No

[Campaign Veteran Website](#)

Branch of Service: _____

Honorable Discharge: Yes No

Active in the military reserves: Yes, I am active in the military reserves
 No, I am not active in the military reserves
 Not specified

Most Recent Character of Service: _____

Other Character of Service: _____

Disabled Veteran: Yes No

Disability Percentage: _____

Homeless Vet: Yes No

Referred by Veteran's Vocational Rehab: Yes No

Veteran Status: _____

Recently Separated Veteran(within 3 years): Yes No