



Workforce and Economic Development Division
Job Link Services Department
WAL-MART BRIGHTER FUTURES 2.0
ENROLLMENT/REVERSE REFERRAL FORM
(ALL INFORMATION WILL REMAIN CONFIDENTIAL)



Today's Date _____

PARTICIPANT TO COMPLETE ALL OF THE FOLLOWING INFORMATION

Name _____ Tri-C S# _____
(if applicable/available)

Mailing Address _____
Street Address Apt# City County Zip

Homeless: Yes _____ No _____

If yes, name of the shelter currently affiliated with: _____

Home Address _____
Complete if different from mailing address

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____ Skype Name _____

Status in the U.S. _____ Date of Birth _____ Age _____ Male _____ Female _____

____ U.S. Citizen Place of Birth (City, State) _____

____ Permanent Resident Card # _____

____ Other Ethnicity: ____ Black or African Am. ____ White ____ Native American
____ Hispanic or Latino ____ More than One Race ____ Race Other

Please indicate your highest level of education COMPLETED as of today:

____ I do not have a HS Diploma or GED ____ High School Diploma ____ GED**
____ Assoc. Degree ____ Bach. Degree ____ Masters Degree ____ Doctorate

Do you hold any professional/career certifications? ____ Yes ____ No If yes, please list _____

Are you a veteran? ____ Yes ____ No If yes, we need a copy of your DD-214. Year Discharged _____

Employment/Unemployment Status at Participation

Are you currently employed? ____ No ____ Yes ____ Disabled

If currently working, complete the following:

Employer _____ Job Title _____

Address _____ City _____ Zip _____

Work Phone (____) _____ Full Time ____ Part Time ____ Wage ____ \$/hr or \$/yr
(circle one)

***PLEASE TURN OVER AND COMPLETE THE NEXT PAGE ***

Do you have substantial barriers to training and/or employment? (i.e. lack of childcare or transportation, chemical dependency, medical injuries, etc.) ___Yes ___No If yes, please explain:

Do you have any problem with taking a drug test for an internship or employment? ___Yes ___No

If "Yes", why? _____

Public Assistance (Cash/Food Assistance/Medicaid/Child Care) Eligibility

Are you currently receiving any of these public benefits? ___Yes ___No

If yes, please check the public benefits that you are currently receiving: [] SSI [] Disability [] Unemployment
[] TANF/Cash [] Food Assistance/Ohio Direction Card/SNAP [] Medicaid [] Child Care/ECC Card

If receiving unemployment, please indicate your weekly income: _____

Have you ever been **convicted** of a (M) and/or felony (F) ? ___Yes ___No

If yes, please give conviction offenses and dates: **(PLEASE BE VERY HONEST!)**

- | | | | |
|--------------------|------------|-----------------|----------------------------|
| 1. Conviction_____ | Date _____ | City/State_____ | Conviction type: ___M ___F |
| 2. Conviction_____ | Date _____ | City/State_____ | Conviction type: ___M ___F |
| 3. Conviction_____ | Date _____ | City/State_____ | Conviction type: ___M ___F |
| 4. Conviction_____ | Date _____ | City/State_____ | Conviction type: ___M ___F |

How did you hear about this program? _____

Thank You!

Signature_____Date_____

For WBF 2.0 Staff Use Only: Date: _____

- ☐ Referral Source _____ ☐ Assessment _____
☐ Proof of Low Income Status _____
☐ Statement of No Income/Support
Tri-C Staff _____
Extension _____

Comments _____

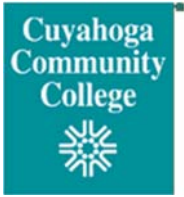
For Partner Agency Use Only: Date: _____

- ☐ Partner Agency _____
☐ Proof of Low Income Status
☐ Agency Contact _____
Phone _____
Email _____

Comments _____

Email form to joblink@tri-c.edu

PLEASE EMAIL



Walmart Brighter Futures 2.0

Income Self-Attestation Form

INSTRUCTIONS FOR THIS DOCUMENT:

- Please print your name, address, and working phone number on the appropriate lines above.
- Please select the statement that BEST describes your income/employment situation.
- Place your signature and date on the appropriate line above in front of a notary public.
- **Have this document notarized and returned to the Walmart Brighter Futures 2.0 Coordinator. Keep a copy for your records.**

Date: _____

Name: _____

Address: _____

Phone: _____

This letter serves as an official notification that the selected statement below is true to the best of my ability to support my eligibility to participate in the Walmart Brighter Futures 2.0 Program.

Select appropriate statement:

_____ My household income is less than \$40,000 per year for the year of _____.

_____ I am currently unemployed. Last date of employment: _____.

Signature: _____ Date: _____

Please notarize here.