Do you have a WorkSource Membership Card?

❒ **YES (Please complete SECTION #1 only)**
Remember to sign in, using your Membership Card, in the lobby on each visit.

❒ **NO (Please complete SECTIONS #1 & #2)**
By providing the following information a Membership Card will be prepared for you. Membership is your key to access WorkSource resources and services.

SECTION #1

FIRST NAME **MIDDLE INITIAL** _____ **Date**

LAST NAME

SOCIAL SECURITY

Workshop Attendees please check

❒ Applications & Resumes	❒ Employer Panel	❒ Knowing Yourself	❒ Skills & Abilities
❒ Basic Computers & MS Word	❒ Interviewing	❒ Portfolios	❒ Workforce Resources Orientation
❒ Dislocated Worker Session	❒ Job Club	❒ Producing Your Resume	❒ Other _____
❒ Effective Job Search	❒ Job Corps Orientation	❒ Reemployment Orientation	_____
❒ Electronic Resume	❒ Job Market	❒ Small Business Seminar	

SECTION #2

Street or P.O. Box _____ City _____ State ____ Zip _____

Phone_____ Date of Birth _____

ETHNICITY
❒ Hispanic or Latino ❒ Not Hispanic or Latino

Are you legally entitled to work in the U.S.?
❒ Yes ❒ No

RACE
❒ American Indian / Alaska Native
❒ Asian
❒ Black/African American
❒ Native Hawaiian / Other Pacific Islander
❒ White /Caucasian

MILITARY SERVICE?
❒ Yes ❒ No
Start Date _____
End Date_____

EDUCATION
Highest Grade Completed: _____ Degree: _____

GENDER
❒ Male ❒ Female

OPTIONAL: We are evaluating the use of WorkSource by persons with disabilities to improve our services. Please tell us if you have a disability. ❒ Yes ❒ No

STAFF USE ONLY

Provided Service:

☐I-Net Asst ☐Job Search Asst/Plan ☐Resume ☐LMI ☐UI Info ☐Training Info ☐UI Appeal

☐Ref to Intensive ☐Ref to Support ☐Ref to Other _____

WorkSource Whatcom is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities.