

Veteran's Spouse Employment Program Interest and Eligibility Questionnaire



Contact Information

Name: _____ Last 4 SSN: _____ D.O.B: _____
Phone #: (____) _____ Email: _____

Background Information

Are you a United States Citizen or have the right to work in the US? Yes No
Are you an Okaloosa or Walton County Resident? Yes No City of Residence: _____
Are you the spouse of an honorably discharged Veteran that served more than 180 days? Yes No
If you are a male born on or after January 1, 1960 have you registered for selective service? Yes No

Employment

Are you currently employed? Yes No If yes, Full-time Part-time
Most recent employer name: _____ Position: _____
Hourly Wage: \$ _____ Number of hours per week: _____ Date hired: _____
If no longer working, please list resignation or termination date: _____
Reason for leaving: _____ Are you receiving unemployment benefits? Yes No

Education

List all education: Less than HSD GED HSD Certificate Associates Bachelors Masters
Please list any certificates and/or licensures: _____ Area of Study: _____

How can we help you?

Do you need assistance with creating a Resume? Yes No
Do you have any interest in attending an Interview Skills Workshop or practicing Interviewing? Yes No
Would you be interested in taking Career Assessments? Yes No
Would you like assistance with Job Development and Employment Placement? Yes No
Do you need assistance with Transportation costs? Yes No
What type of assistance are you seeking?

Signature: _____ Date: _____

Staff Notes: _____

