

Part D - Military History

(Please mark Yes or No)

Are you a service connected disabled Veteran?
 Were you discharged from military service 48 months prior to working with this company?
 Did you serve between the dates of 8/5/64 to 5/7/75?
 Was an active member of the armed forces as of September 30, 1990, involuntarily separated or separated pursuant to a special benefits program.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Part E - Assistance History

(Please mark Yes or No)

Have you or your family received:
 Aid to Families with Dependent Children (AFDC)?
 CalWORKS (Previously known as GAIN)?
 Job Training Services funded by WIA or the Workforce Investment Act (WIA)?
 Supplemental Security Income (SSI); Social Security Payment)?
 General Assistance?
 Food Stamps?
 6 months prior to your hire with this company, did you receive unemployment insurance payments?
 Are you enrolled or have you completed a state rehabilitation program?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Part F - Family Income

*Include your children 22 years of age and under and/or legal dependants that lived in your household in the 6 or 12 months prior to your hire with this company.

Please circle the amount that best describes your total family income.

Family Size	1	2	3	4	5	6	*Each Additional Add
*Annual Income	< \$8,360	\$13,700	\$18,810	\$23,220	\$27,400	\$32,050	\$4,650
*6 Month Income	\$4,180	\$ 6,850	\$ 9,405	\$11,610	\$13,700	\$16,025	\$2,325

Income may include: wages, alimony, college grants, state disability payments, etc.

List names, ages and income for immediate family members	Age	Source of Income	* Gross Income	
			<input type="checkbox"/> Annual	<input type="checkbox"/> 6 Month
1. Self:			\$	
2. Spouse:				
3.				
4.				
5.				
6.				
7. Please include any additional family members.				