



RETURN YOUR COMPLETED FORM TO THE MAYOR'S OFFICE FOR SENIOR CITIZENS.

Applicant Information Date: _____

Name: _____ Gender: _____
LAST FIRST MIDDLE

Address: _____ City: _____ Zip: _____

Mailing Address: _____ Community or Neighborhood: _____

Day Phone: _____ Cell Phone: _____ Msg Phone: _____

E-mail: _____ Date of Birth: _____ Age: _____

Homeless: Yes No Disability: Yes No Veteran: Yes No Veteran Spouse: Yes No

Education

Check highest level: 11th or under HS or GED 1-4 years college 5+ years college

Race/Ethnicity/Language

Black, African American, Other African
 Asian, Asian American
 Hawaiian Native, Pacific Islander
 American Indian, Alaska Native
 White, Caucasian
 Multi-Racial
 Unknown
 Other: _____

Please answer in addition to question about race. What is your: _____

Are you: Hispanic, Latino? First language: _____ Second language: _____

Household Size & Income

Directions: Please select Household Size, then the corresponding Gross Annual Income located on the same line.

Household Size: Gross Annual Income is less than (select one box below):

<input type="checkbox"/> 1	<input type="checkbox"/> \$19,000	<input type="checkbox"/> \$31,650	<input type="checkbox"/> \$48,550	<input type="checkbox"/> Above Limit	<input type="checkbox"/> Unknown
<input type="checkbox"/> 2	<input type="checkbox"/> \$21,700	<input type="checkbox"/> \$36,150	<input type="checkbox"/> \$55,450	<input type="checkbox"/> Above Limit	<input type="checkbox"/> Unknown
<input type="checkbox"/> 3	<input type="checkbox"/> \$24,400	<input type="checkbox"/> \$40,650	<input type="checkbox"/> \$62,400	<input type="checkbox"/> Above Limit	<input type="checkbox"/> Unknown
<input type="checkbox"/> 4	<input type="checkbox"/> \$27,100	<input type="checkbox"/> \$45,150	<input type="checkbox"/> \$69,300	<input type="checkbox"/> Above Limit	<input type="checkbox"/> Unknown
<input type="checkbox"/> 5	<input type="checkbox"/> \$29,300	<input type="checkbox"/> \$48,800	<input type="checkbox"/> \$74,850	<input type="checkbox"/> Above Limit	<input type="checkbox"/> Unknown
<input type="checkbox"/> 6	<input type="checkbox"/> \$32,580	<input type="checkbox"/> \$52,400	<input type="checkbox"/> \$80,400	<input type="checkbox"/> Above Limit	<input type="checkbox"/> Unknown
<input type="checkbox"/> 7	<input type="checkbox"/> \$36,730	<input type="checkbox"/> \$56,000	<input type="checkbox"/> \$85,950	<input type="checkbox"/> Above Limit	<input type="checkbox"/> Unknown
<input type="checkbox"/> 8	<input type="checkbox"/> \$40,890	<input type="checkbox"/> \$59,600	<input type="checkbox"/> \$91,500	<input type="checkbox"/> Above Limit	<input type="checkbox"/> Unknown

Job Search

Are you unemployed? Yes No

Are you seeking:
 Full Time Part Time Both
 Permanent Temporary Both
 Day Evening Both

Current resume available? Yes (please attach) No

Desired occupations: 1. _____
 2. _____

Computer Skills

	BEGINNER	INTERMEDIATE	ADVANCED
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
File Mgmt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. _____
 2. _____

Job Counselor JU PV

Information & Assistance

Please indicate whether you want information about any of the following*:
 Health Care Housing Legal Transportation Wellness/Fitness Other



Age 55+ Employment Resource Center Policies

**Job Counselors are here to provide experienced advice and helpful information.
They are a resource for you during your job search.**

1. Services are available to you if you are a Seattle resident age 55+
2. You must register in our program to be eligible for our services.
3. We refer clients to job openings based solely on the client's qualifications and ability to perform the job, without consideration of race, gender, sexual orientation, religion, ancestry, age, marital status, parental status, political ideology, or disability. We do not accept job listings that specify any form of unlawful discrimination.
4. We do not charge for any services provided to job seekers or employers. We will not process applications for any employer or agency that charges the job seeker for their services. If you are asked for payment for any job referral from our office, report this to your Job Counselor immediately.
5. We retain the right to reserve referrals to job seekers whose qualifications do not meet those specified by the employer.
6. We reserve the right to refuse services to job seekers who misrepresent their job qualifications or provide other fraudulent information.
7. Failure to follow the instructions presented at the time of referral to a job will affect your good standing in our program and result in the refusal of additional job referral services.
8. Adverse comments about your conduct and/or performance may be grounds for the refusal of further job related services.
9. In order to keep your file active with the employment program, we require that you contact your Job Counselor at least once every 30 days. If a month passes without contact, you may be transferred to inactive status.
10. The Mayor's Office for Senior Citizens does not conduct pre-employment screening; however, employers may conduct a background check and drug screen before extending an employment offer.

Client Responsibilities

1. To help ensure your successful job search, we ask that you do the following:
 - Touch base with your Job Counselor by phone at least once every 30 days
 - Utilize all resources available to you, including WorkSource and web-based services.
2. When you interview for a job, be sure to let your Job Counselor know how it went and whether you got the job. Always alert your Job Counselor if you:
 - Find a job on your own
 - Change your address, phone number or other contact information
 - Change the type of work you want
 - Plan to leave the area, city or state
 - No longer need our services

I have read and understand the 55+ Employment Resources Center policies and client responsibilities.

Client Signature

Client Name (Print or type)
Last:

Date

First: