



# Membership Application

*WorkSource Oregon is your Source to find workers, find your next job, your next career, or get training designed just for you!*

## General Information

(Please Print)

Membership Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Complete: Region \_\_\_\_ Local Office \_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Home phone \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Message phone \_\_\_\_\_

Residence \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Cell Phone or E-mail Address \_\_\_\_\_

WorkSource Oregon is an equal opportunity employer and program. Auxiliary aids and services are available upon request to individuals with disabilities. By law, you're not required to provide Equal Employment Opportunity information in order to receive services and the absence of EEO information cannot be used to limit services received. We are asking you, as the member receiving services, to provide the following information. This information will be submitted to the Oregon Department of Community Colleges & Workforce Development and will only be published in aggregate form for performance, planning and policy development purposes.

## Personal (EEO) Information

Date of Birth ____/____/____	Hispanic or Latino Heritage Yes No	Disability Yes, Disability Yes, Substantial impediment to work No	Selective Service Registered  Not registered  Exempt  Not Applicable	Currently Employed  Yes No  Looking for Work  Yes No
Age ____	Race (circle all that apply) American Indian/Alaskan Native Asian Black/African American Hawaiian/Pacific Islander White	Citizenship Yes, Citizen Yes, Eligible Non-Citizen No		
Gender Male Female	Living on Reservation Yes No	CTUIR Yes or No		

## Social Security Number Information Release Disclosure Statement:

Providing your Social Security Number is voluntary. State and federal law protects the privacy of your records, and provides The Oregon Consortium & Oregon Workforce Alliance with authority to request your Social Security Number for specific purposes (Public Law 105-220 sections 136, 185 and 188; 29 USC 2871, 2935 and 2938; ORS 285A.455 and .461; OAR 151-020-0065, and Executive Order #EO 0316). Under this authority your Social Security Number may only be used for record keeping related to referral and service delivery, and for performance measurement, research, planning and program evaluation.

Your Social Security Number will not be given to the general public, will be confidential and held private, and will only be used for the purposes stated above. When you allow the use of your Social Security Number, other documents we have with your SSN on them may be used for the same purposes, (as stated above). If you choose not to provide your Social Security Number, you will not be denied services provided under Title 1B of the Workforce Investment Act. Other programs may request or require you to give your Social Security Number as a condition for obtaining services, and will separately advise you of this if you apply for services. Please read the authorization statement below. If you agree to release your Social Security Number for the stated purposes then provide your social security number and check "Yes" for SSN Release.

## Authorization:

I authorize sharing my employment information, earnings, wages reported by employers, training history and other similar information (i.e. my name address, work history, training plans) among service providers within the Worksource Oregon one-stop system. Providers authorized to share this information include the community college system, training programs authorized under the Workforce Investment Act (WIA), the Oregon Employment Department, the Department of Community Colleges and Workforce Development, the Department of Human Services programs for TANF/Food Stamps and Vocational Rehabilitation Services, Employer Workforce Training Fund (EWTF), and other partners in the one-stop system (those workforce partners who have signed the local Memorandum of Understanding).

I understand that this release does not authorize the sharing of medical or disability information or student records. I understand that this authorization will expire in five years, or earlier if requested by me. The inclusion of my SSN and authorized SSN information release with my signature indicates that I understand the purpose for sharing this information will be (as stated above) and to assist me to reach my employment and training goals.

I have read the authorization and release my SSN for the described purposes:

 Yes

 No

Social Security Number

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(Complies with: ORS 151-020-0065; EWTF SSN Release Authorization Form EWTF 04-6; WorkSource Oregon One Stop Information Sharing Authorization Form 2533 (1-04))

(If not authorizing don't provide)

<input checked="" type="checkbox"/>	____/____/____	<input checked="" type="checkbox"/>	____/____/____
Signature of Applicant	Date	Signature of parent, guardian or responsible adult (Youth<18 years of age).	Date

Verification by the one-stop partner staff (I have verified the customer's signature authorization):

<input checked="" type="checkbox"/>	____/____/____	_____
Signature of staff	Date	Location

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