

2324 E. 1st St.
Austin, Texas 78702

Telephone
(512) 474-5786

To: SER Job Bank Applicant

We have reviewed your application and find we are unable to process it until we receive the following forms signed, dated and completed:

☒ Application Form - blanks must be fully completed, signed and dated.

☒ Civil Rights Form - must be read, signed and dated.

For degreed applicants only:

☒ Applicant Data Record - blanks must be filled-in where information is applicable to you.

☒ Resume - is required of all degreed applicants. (have resume)

Thank you for your cooperation.

Sincerely,

Maria McKenzie
SER Job Follow-up Specialist

~~P. S. For your convenience a self-addressed stamped envelope has been enclosed.~~



APPLICATION FORM

Part I

Applicant's Name: _____ Social Security # _____
Address: _____ City: _____ County: _____ Zip: _____
Telephone: _____ Birth Date: _____ Age: _____ Sex: Male () Female ()
Mo. Da. Yr.
Married () Single () Do you speak English? Good () Poor () Ethnic Group: White ()
Black () Spanish American () American () Alaskan Native () Oriental () Other ()
Physical Disabilities: Yes () No () If Yes, describe _____
Migrant or Seasonal Farm Family Member, Yes () No () American Citizen? Yes () No ()
If not a citizen, are you a registered permanent resident? Yes () No ()
If Yes, registered alien card number: _____

Part II

Are you in school now? Yes () No () If yes, school name: _____
Did you leave school before you completed 12th grade? Yes () No () Last grade completed? _____
Last date you attended school: Mo. _____ Yr. _____ Do you plan to return to school? Yes () No ()
Have you completed any commercial or vocational courses? Yes () No () If Yes, list: _____

Have you participated in any Federal Manpower Training Programs, such as: MDTA, NYC, OM, etc.; Yes ()
No () If yes, what program? _____
When? _____ How long? _____ Type of training _____
How many weeks since your last full time job? _____ How many weeks have you worked in the last
12 weeks? _____ What type of work would you prefer? _____

Part III

Work Record: Last employer: _____ City: _____
How long did you work there? _____ When did you leave: _____ What was your pay? _____
Mo. Yr.
What was your job? _____ Reason for leaving? _____
Job before that: Employer: _____ City: _____
How long did you work there? _____ When did you leave: _____ What was your pay? _____
Mo. Yr.
What was your job? _____ Reason for leaving? _____

MILITARY STATUS: Are you a Vietnam Era Veteran? Yes () No () Other Veteran? Yes () No ()

Are you a Disabled Veteran? Yes () No () Type of Discharge? _____

Describe training: 1. Occupation Training: _____

2. Special Service School: _____

3. Other (specify): _____

Part IV

List all persons living in household: (If more than 8 persons, list on back.)

	NAME	AGE	RELATIONSHIP	WHERE EMPLOYED	MONTHLY WAGE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Estimated "Family" gross earning for preceeding 12 months: \$ _____
(Gross earning means total earned before deductions for income tax, social security, etc.)

Sources of Family Income:

Inclusions:

Gross Wages \$ _____
Social Security Benefits \$ _____
Net Self-Employment Income \$ _____
Other retirement, pension, etc.) \$ _____

Sub-Total Income \$ _____

Exclusions:

Non-cash Income (housing, food, etc.) \$ _____
Cash Welfare payment (AFDC, SSI) \$ _____
Veterans' Disability Compensation \$ _____
Manpower client payments \$ _____
One-time/periodic payment
(Unemployment Insurance, etc.) _____

Sub-Total Income \$ _____

Total Income \$ _____ (add two sub-totals)

Number of persons depending on Total Income: _____ (include self, father, mother, sisters, brothers,
any relatives who live in residence)

Part V

I hereby authorize the obtainment of medical attention in an emergency situation.

Applicant's Signature: _____
(if underage, father or mother or legal guardian or head of household)

Attach directions of what to do in emergency if will not signed.

I hereby certify that the above information is true and correct to the best of my knowledge and I hereby authorize appropriate inquiries as to the validity of this information.

Applicant's Signature: _____ Signature: _____
If underage, father or mother or legal
guardian or head of household

Date: _____ Date: _____

U.S. DEPARTMENT OF LABOR
MANPOWER ADMINISTRATION
7TH FLOOR - 1100 COMMERCE STREET

Dallas, Texas 75202



WELCOME to a Manpower Administration Program.

Let me tell you something about YOUR CIVIL RIGHTS UNDER FEDERAL LAW.

Your sponsor has assured the U.S. Department of Labor that no one enrolled in a Manpower Administration Program will be discriminated against because of race, color, sex, or national origin.

This means: that no benefits or services may be denied you because of your race, color, or the country in which you or your parents were born;

that you may not be segregated or treated any differently from other enrollees because of your race, color, sex, or national origin while you are being registered, interviewed, counseled, or tested; or while you are working or attending classes as part of the project;

that you must be provided an equal chance to use all facilities available on the project.

If you feel you have been denied any of these opportunities, you may write to me at the above address.

The Department's implementing regulations to the Civil Rights Act of 1964 guarantee you the right to make a complaint. You cannot in any way be penalized for writing to the U.S. Department of Labor or talking to your employer. You have 90 days in which to file a complaint. All complaints will be handled **CONFIDENTIALLY**.

Sincerely yours,

[Redacted Signature]
Regional Manpower Administrator

APPLICANT SIGNATURE _____

DATE _____

TEXAS SER JOB BANK

ADR-104

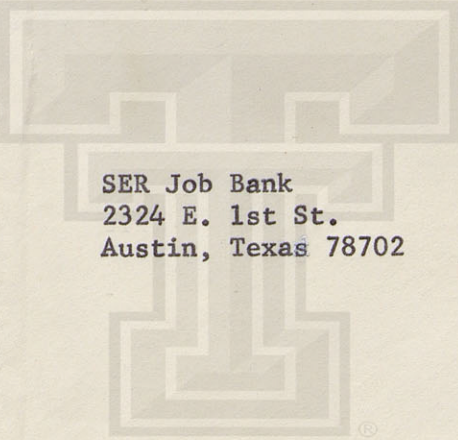
1 APPLICANT NO. (Leave Blank) <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: small;">1-4</div>		APPLICANT DATA RECORD		2 APPLICATION DATE (Mo/Yr) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="font-size: x-small;">5-6</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="font-size: x-small;">7-8</div> </div>	
3 NAME (First Initial, Last Name) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> 9 10-24 </div>					
4 STREET ADDRESS <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: x-small;">25-49</div>					
5 CITY <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: x-small;">50-64</div>					
6 STATE <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: x-small;">65-66</div>		7 ZIP CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: x-small;">67-71</div>		8 TELEPHONE NO. <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	

9 EDUCATION*			
Degree(s)	Major(s)	(Leave Blank)	
		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">6-8</div>	
		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">10-12</div>	
		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">13</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">14-16</div>	
Other, specify _____			
*Indicate degree(s) and corresponding major(s) you wish to utilize.			

10 OCCUPATIONS PREFERENCE**				
Priority	Code	Job Title	Years Experience	(Leave Blank)
1ST	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">17-19</div>			<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">20</div>
2ND	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">21-23</div>			<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">24</div>
3RD	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">25-27</div>			<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">28</div>
Other, specify _____				
**Select in priority three codes from the Occupation Code list and for each indicate your own specific job title and the years actual working experience.				

11 CURRENT ANNUAL SALARY <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	12 LOWEST ACCEPTABLE ANNUAL SALARY <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: x-small;">29-33</div>	13 RELOCATION (Leave Blank) <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> Yes _____ No _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: x-small;">34</div> </div> <div style="margin-top: 5px; font-size: x-small;"> If yes, specify area _____ _____ </div> <div style="text-align: right; margin-top: 10px; font-size: x-small;"> (Leave Blank) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">35-36</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">37-38</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">39-40</div> </div> </div>
14 COMMENTS/SPECIAL INSTRUCTIONS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		

IMPORTANT - Please submit both this form and your resume.



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