

SC WORKS

ANDERSON·OCONEE·PICKENS

Last Name:	First Name:	Middle:
Street Address:		
City, State, Zip:		
Primary Phone:	Alternate Phone:	Email:
Gender (circle one): Male Female		If male, have you registered with the Selective Service? Yes No
Last 4 digits of Social Security #:	Date of Birth:	Race:
Are you a US Citizen? Yes No		Do you believe that you are a migrant/seasonal farm worker? Yes No
If not a US citizen, are you authorized to work in the US? Yes No		
Alien Certification Number:		
Are you an individual with a disability? Yes No		Would you require special accommodations to perform your job due to the disability? Yes No

Are you currently in school? Yes No		If yes, what level?
What is the highest grade you have completed? (Circle one)		
9 th 10 th 11 th 12 th – no diploma, 12 th - received diploma, General Equivalency Degree		
If higher education attained, please list level of degree:		
Other, if not mentioned:		
Please describe any post-high school education (institution, location, major, etc):		
Do you have a WorkKeys Certificate? Yes No		What is your current employment status?
If yes, please circle your score: Bronze Silver		Unemployed Employed Full-Time Employed Part-Time
Gold Platinum		

Have you served on active duty with the Armed Forces of the United States? Yes No		
Branch:	Type of Discharge:	Dates of Service: From _____ to _____
Were you discharged/released from active military duty because of disability/injury incurred while on duty? Yes No		What is your current disability ranking?
Are you the spouse of any person who died while on active military duty or as a result of a service-connected disability? Yes No		
Are you the spouse of any person who has a total disability, permanent in nature, resulting from a military service-connected disability? Yes No		
Are you the spouse of a veteran who died while diagnosed with a disability, permanent in nature, resulting from a military service-connected disability? Yes No		