



Incumbent Worker Training Questionnaire

290 N. D Street, Suite 600
San Bernardino, CA 92415

Complete all questions on both pages of the questionnaire.

First Name	MI	Last Name	Social Security #	Today's Date
Residential Address: Street		City	State	Zip
Mailing Address: (if different) Street		City	State	Zip
Telephone:	Alternate:	Email Address:		
Date of Birth:	Gender: Male Female	Selective Service? Yes No N/A	(female or male born prior to 1960)	
Citizenship: (Check one) United States Citizen United States Territory U.S. Permanent Resident # Alien/Refugee Lawfully Admitted to the U.S. Alien Number:				
Race: (Check all that apply) White Other Asian Asian Indian Filipino Hawaiian Black-African American Laotian Guamanian Hispanic/Latino Japanese Vietnamese American Indian/Alaska Native Korean Cambodian Pacific/Islander Samoan Chinese Other _____ Define Other				
MILITARY SERVICE				
Are you a Veteran? Yes No (If No, skip this section)				
Are you the spouse of a Veteran who has a total service connected disability, is Missing in Action, was captured in the line of duty by a hostile force, is a Prisoner of War, or who died from a service connected disability? Yes No				
If Yes to questions above, answer question A below:				
A. Have you served in the Military as active duty for 180 days or received a Military Campaign Badge (e.g., Iraq Campaign Medal) or separated from the Military due to a service connected disability prior to completing 180 days of service? Yes No				
B. If Yes to Question A , answer the following:				
Military Entry Date?		Branch?		Discharge Date?
Discharge Type:		Active Military Reserve? Yes No		Homeless? Yes No
EMPLOYMENT				
Employer:			Job Title:	
Date Hired:	Hours/week:	Salary:	Hour Day Week Month Other	
Duties:				



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EDUCATION						
Highest grade completed:	High School Diploma?	Yes	No	GED?	Yes	No
Do you have a college degree, certificate or license from a college or vocational school?					Yes	No
If Yes, list Degree(s) and/or Certificate(s):						
Receiving public assistance benefits? Yes No						
If Yes, check all that apply: CalWORKs/Cash Aid Food Stamps General Relief SSI						
Total number of people in your household:			Number of children in the home under age 18:			
What is your estimated income for the past 12 months?						

By signing, I attest the statements I have given are true and complete.

Signature:	Date:
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