



## Incumbent Worker Training Supplemental Questions

290 N. D Street  
San Bernardino, CA 92415

First Name	MI	Last Name	Social Security #

Do you have a disability?      Yes      No			
(You are encouraged to voluntarily disclose this information; it will remain confidential and only be used in determining your eligibility for services and for equal opportunity records. You will not be penalized if you refuse to answer.)			
Are you considered a disabled Veteran?      Yes      No		If yes, disability percentage:	%

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

<b>Signature:</b>	<b>Date:</b>
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