

**RAPID RE-EMPLOYMENT APPLICATION**

DATE:

NAME:

ADDRESS:      PHONE:

CITY:      STATE:      ZIP CODE:

BIRTHDATE:      SS#

ARE YOU A HAMILTON COUNTY RESIDENT?:

ARE YOU ELIGIBLE TO WORK IN THE US?

**COVID STATUS**

**HAVE YOU SUFFERED AN ADVERSE FINANCIAL CONSEQUENCE AS A RESULT OF YOU OR A MEMBER OF YOUR HOUSEHOLD BEING AFFECTED BY COVID19? IF YES, HAS THAT FINANCIAL LOSS AFFECTED YOUR ABILITY TO ENTER EMPLOYMENT OR TO MAINTAIN EMPLOYMENT? IF YES, PLEASE SPECIFY HOW**.

HOUSEHOLD MEMBERS (INCLUDE YOURSELF)

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | DATE OF BIRTH | NAME | DATE OF BIRTH |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| HOUSEHOLD INCOME FOR THE PAST 30 DAYS | EMPLOYMENT, CHILD SUPPORT, UNEMPLOYMENT BENEFITS, SOCIAL SECURITY, TANF, ALIMONY, ETC |
| AMOUNT(S) | SOURCE(S) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

WORK HISTORY – UP TO 5 YEARS (START WITH THE MOST RECENT JOB)

|  |  |
| --- | --- |
| COMPANY / JOB TITLE | TIMEFRAME / HOURLY PAY |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

WHAT PREVENTS YOU FROM GETTING OR KEEPING A JOB? (CIRCLE ALL THAT APPLY)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILDCARE | CLOTHING | CRIMINAL | HOUSING | NO RESUME |
| CITIZENSHIP | COMPUTER SKILLS | DISABILITY | IEP | MEDICAL / HEALTH |
| QUALIFICATIONS/SKILLS | STAY WITH RELATIVE | NO BARRIERS | OTHER |

EMAIL ADDRESS:      ALTERNATE PHONE:

GENDER:

RACE

|  |  |  |
| --- | --- | --- |
| ASIAN | BLACK/AA | HAWAIIAN/PACIFIC ISLANDER |
| HISPANIC | MULTI-RACIAL | NATIVE AMERICAN/ALASKAN NATIVE |
| CAUCASIAN/WHITE | Other |  |

**EMERGENCY CONTACT**

NAME:      PHONE:      EMAIL:

**RELEASE OF INFO AUTHORIZATION**

I,      , UNDERSTAND THAT THE RAPID RE-EMPLOYMENT PROGRAM NEEDS TO RECEIVE INFORMATION CONCERNING MYSELF AND/OR MY FAMILY AND IS ASKING FOR COOPERATION IN THIS PROCESS. I DO GIVE MY CONSENT TO THE Cincinnati-Hamilton County Community Action Agency, Urban League of greater southwestern ohio, Easter Seals, and Cincinnati Works TO RELEASE THE INFORMATION FOR THE PURPOSE OF CLIENT ASSISTANCE, ETC. AND UNDERSTAND THAT MY INFORMATION MAY BE SHARED WITH PARTICIPATING AGENCIES. I UNDERSTAND THIS CONSENT FOR RELEASE OF INFORMATION SHALL REMAIN IN EFFECT FOR ONE YEAR, UNLESS I REVOKE MY CONSENT TO THIS AGREEMENT.

**EMPLOYMENT CONFIRMATION**

I,     , AGREE TO INFORM THE RAPID RE-EMPLOYMENT PROGRAM UPON OBTAINING EMPLOYMENT. I GIVE PERMISSION TO THE RAPID RE-EMPLOYMENT PROGRAM TO VERIFY MY EMPLOYMENT STATUS, INCLUDING PAY AND BENEFIT INFORMATION THROUGH DIRECT ACCESS WITH MY EMPLOYER.

**I DECLARE THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND CORRECT.**

|  |  |
| --- | --- |
| **CLIENT SIGNATURE/DATE** |  |

**I DECLARE THAT THE CLIENT VERBALLY CONFIRMED THE ACCURACY OF THE CONTENT OF THIS APPLICATION.**

|  |  |
| --- | --- |
| **STAFF SIGNATURE/DATE** |  |