

# Western Maryland Consortium Enrollment Form (VOS)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you Authorized to Work in the US?  Yes  No Are you Homeless?  Yes  No

First Name: \_\_\_\_\_ Mid Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

PO Box (if applicable) \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type: \_\_\_\_\_

Alternate Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type: \_\_\_\_\_

Text Message Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Have you registered with Selective Service:  Yes  No  Documented Exemption  Not Applicable

\*\*Have you ever been arrested/convicted of a crime?  Yes  No  I do not wish to answer

\*\*Do You have a Disability:  Yes  No  I do not wish to answer

**\*\* You may be eligible for additional support, services and programs if you have a disability or have been arrested/convicted of a crime**

Citizenship:  Citizen  Permanent Resident  Lawful Alien/Refugee

Are you currently attending school?  Yes  No

Education Level: \_\_\_\_\_ (highest grade completed, HS Diploma, GED, college, degree)

Current Employment Status:  Working Full Time  Working Part Time  Not Working  Never Worked

Are you currently looking for Work?  Yes  No

Within the last twelve months, have you received a notice of termination or layoff from job or received documentation that you are separating from military service?  Yes  No

If yes, what is your date of layoff, termination, or military separation? \_\_\_\_/\_\_\_\_/\_\_\_\_

**What is your desired occupation?** \_\_\_\_\_

*Your desired job and occupation titles can be changed at any time after registration*

## Military Service

\*\* Are you currently in the military, a veteran, or the spouse of a veteran?  Yes  No

