



TEXAS WORKFORCE CENTER
Choices/SNAP Pre-Application

(Please write legibly)

PERSONAL IDENTIFICATION INFORMATION:

Name: _____ **SSN:** _____ **Birth Date:** ____/____/____

Residence Address _____ **City** _____ **County** _____ **State** ____ **Zip** _____

Permanent Mailing Address _____ **City** _____ **County** _____ **State** ____ **Zip** _____

Phone Number: _____ **Cell phone:** _____

Gender: ___ Male ___ Female **Marital Status:** ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed (Check one)

Are you a foster child? Yes ___ No ___ Are you homeless? Yes ___ No ___

Have you ever been treated for drug or alcohol abuse/addiction? Yes ___ No ___

Have you ever been convicted for offences – felony or misdemeanor? Yes ___ No ___ (Circle One) felony or misdemeanor?

Do you have any health problems or physical limitations that may affect your ability to work? Yes ___ No ___

Are you an American Citizen? Yes ___ No ___ If no, do you have proper documentation to work in America? Yes ___ No ___

MILITARY INFORMATION

If male, have you **Registered for Selective Service?** Yes ___ Number _____ No ___ N/A ___

Military Status: Active Duty ___ Veteran ___

Dates of Military Service: From ____/____/____ To ____/____/____

Did you receive a dishonorable discharge? Yes ___ No ___

Were you retired/discharged due to a service connected disability? Yes ___ No ___

Were you on active duty between 8/5/65 – 5/7/75? Yes ___ No ___

FAMILY INFORMATION

Family Type: Including yourself, list all family members currently living in your household

Self only ___ One-Parent Family ___ or Two-Parent Family ___ or Living with Family Members ___

	Name	Age	Relationship		Name	Age	Relationship
1.				5.			
2.				6.			
3.				7.			
4.				8.			

EDUCATION INFORMATION:

	Name of School	Field of Study	Completed	Date
High School			Yes ___ No ___	
GED			Yes ___ No ___	
Vocational/Technical			Yes ___ No ___	
College			Yes ___ No ___	
Are you currently attending School? Yes ___ No ___ Highest Grade Completed? _____				
Class Schedule: _____				

MOST RECENT EMPLOYMENT INFORMATION:

How many **weeks** have you worked in the last six months? _____ How many **months** have you worked in the last 2 years? _____

Employer: _____ Supervisor: _____ Start Date ___ / ___ / ___ End Date ___ / ___ / ___

Address _____ City _____ County _____ State _____ Zip _____

Phone Number: _____ Average hours per week: _____ Hourly wage: \$ _____

What type of employment are you interested in? _____

What is your preferred method of contact? Cell phone#: _____ Alternative cell phone#: _____

Text #: _____ E-mail address: _____

LIST (3) PERSONAL CONTACTS (FAMILY, FRIENDS, NEIGHBORS)

Contact #1	
Name	
Address	City/State/zip
Phone Number	
Relationship	
Contact #2	
Name	
Address	City/State/Zip
Phone Number	
Relationship	
Contact #3	
Name	
Address	City/State/Zip
Phone Number	
Relationship	