Submit Application | Clear Form

Community Services Agency Workforce Program Application

Thank you for your interest in CSA's Workforce Development Program. Please complete this application to the best of your ability and return to CSA to schedule an intake appointment. Completed and signed applications can be submitted via email to workforce@csareno.org, faxed to (775) 786-5743, dropped off in person at 1094 E 8th St, Reno, NV 89512, or mailed to Community Services Agency, PO Box 10167, Reno, NV 89510. For application assistance please contact our team at (775) 786-6023.

Applicant Information – Please complete the following information for the primary applicant.

Full Name: _____ **Date of Birth:** _____
First Name *M.I.* *Last Name* *Suffix*

Home Address: _____
Street Address *Apartment/Unit #* *City* *State* *ZIP Code*

Mailing Address: _____
Mailing Address *Apartment/Unit #* *City* *State* *ZIP Code*

Primary Phone: _____ ☐ Home ☐ Work ☐ Cell ☐ Message

Secondary Phone: _____ ☐ Home ☐ Work ☐ Cell ☐ Message

Email: _____

Gender	Marital Status	Disabled	Veteran	Active Military	Foster Parent
☐ Female ☐ Male ☐ Other	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Race
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Multi-racial
☐ Other: _____

Ethnicity
☐ Hispanic, Latino or Spanish Origins
☐ Not Hispanic, Latino or Spanish Origins

Primary Language
☐ English
☐ Spanish
☐ Other: _____

English Proficiency
☐ None ☐ Moderate
☐ Poor ☐ Proficient

Highest Level of Education Completed
☐ Grades 0-8
☐ Grades 9-12/Non-Graduate
☐ High School Diploma or GED
☐ Some college
☐ Associate degree
☐ Bachelor's degree
☐ Graduate degree

Present Employment Status
☐ Full-Time (30+ hours/week)
☐ Part-Time (<30 hours/week)
☐ Employed Seasonally
☐ Migrant Seasonal Farm Worker
☐ Unemployed – Student
☐ Unemployed – In vocational training
☐ Unemployed – Short term, 6 months or less
☐ Unemployed – Long term, more than 6 months
☐ Unemployed - Not in labor force
☐ Retired or Disabled

Name of Current Employer (if applicable): _____

Primary Income Source		**Total Monthly Income**
☐ Employment	☐ Child Support	
☐ Unemployment Compensation	☐ Foster Subsidy	
☐ Social Security	☐ TANF Cash Aid	$_____
☐ Pension/Retirement	☐ No Income	
☐ SSI Cash Aid	☐ Other: _____	

Primary Health Coverage		**Secondary Health Coverage**	
☐ None	☐ Employer Provided	☐ None	☐ Employer Provided
☐ Medicaid	☐ Indian/Tribal Health Care	☐ Medicaid	☐ Indian/Tribal Health Care
☐ Medicare	☐ Military Health Insurance	☐ Medicare	☐ Military Health Insurance
☐ Direct Purchase	☐ State Health Insurance for Adults	☐ Direct Purchase	☐ State Health Insurance for Adults
☐ Children's Health Insurance (CHIP)	☐ Other: _____	☐ Children's Health Insurance (CHIP)	☐ Other: _____

Does anyone in the home receive any of the following services?

☐ WIC	☐ Section 8 Housing	☐ Energy Assistance Program
☐ Food Stamps/SNAP	☐ Housing Authority	☐ SSI
☐ TANF	☐ Foster Care	

Housing Status	**Type of Dwelling**		**How many people live in your home?**
☐ Own	☐ Apartment	☐ Motel/Hotel	
☐ Rent	☐ Single Family Home	☐ Shelter	
☐ Other Permanent Housing	☐ Condo/Townhouse	☐ Park/Street/Car/Campsite	Adults: _____
☐ Does Not Pay	☐ Duplex/Triplex/4-plex	☐ Other: _____	
☐ Homeless	☐ Mobile Home/Trailer		Children: _____
☐ Other: _____			

How did you hear about Community Services Agency?

☐ Family	☐ Friend	☐ Outside Agency	☐ Head Start
☐ Other CSA Program	☐ Community Event	☐ Poster/Flyer	☐ Social Media
☐ Web Search	☐ Radio or Television	☐ Newspaper or Print Ad	☐ Other: _____

If you were referred by a training provider or certification program, please share the following:

Name of Training Provider or School: _____

Name of Training Program or Certification: _____

Program Applicant Disclosure Statement (Signature Required)

I hereby declare that the information contained in this application for program services is true and correct to the best of my knowledge and understanding. No false or misleading statements have been made by me or anyone representing me. The acceptance of the application does not guarantee that services will be performed under any program, and I acknowledge that services are dependent on many things including accurate applications, availability of funding and a determination that the applicant qualifies for the program.

I hereby release, discharge, exonerate Community Services Agency, their agents and representatives and any person furnishing information or examining information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records, and other information, and this release shall be binding on my legal representatives to use the information that I have provided aggregated with other customers and clients of Community Services Agency for any and all reporting and funding purposes.

Applicant's Signature:_____ **Date**:_____

Community Services Agency, its agents, partners, and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, disability, marital status, sexual orientation or gender identity, ancestry, or any other consideration made unlawful by applicable discrimination laws.

Additional Household Member – Please complete the following section for each member of the household.

Full Name: _____ **Date of Birth:** _____
First Name *M.I.* *Last Name* *Suffix*

Relationship to the Applicant

☐ Spouse ☐ Significant Other ☐ Parent/Guardian ☐ Child
☐ Sibling ☐ Other Relative ☐ Other Non-Relative

Gender	Marital Status		Disabled	Veteran	Active Military	Foster Parent
☐ Female	☐ Single	☐ Married	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Male	☐ Divorced	☐ Widowed	☐ No	☐ No	☐ No	☐ No
☐ Other	☐ Legally Separated					

Race

☐ American Indian or Alaskan Native ☐ White
☐ Asian ☐ Multi-racial
☐ Black or African American ☐ Other: _____
☐ Native Hawaiian or Pacific Islander

Ethnicity

☐ Hispanic, Latino or Spanish Origins
☐ Not Hispanic, Latino or Spanish Origins

Primary Language

☐ English
☐ Spanish
☐ Other: _____

English Proficiency

☐ None ☐ Moderate
☐ Poor ☐ Proficient

Highest Level of Education Completed

☐ Grades 0-8 ☐ Associate degree
☐ Grades 9-12/Non-Graduate ☐ Bachelor's degree
☐ High School Diploma or GED ☐ Graduate degree
☐ Some college

Present Employment Status

☐ Full-Time (30+ hours/week) ☐ Unemployed – In vocational training
☐ Part-Time (<30 hours/week) ☐ Unemployed – Short term, 6 months or less
☐ Employed Seasonally ☐ Unemployed – Long term, more than 6 months
☐ Migrant Seasonal Farm Worker ☐ Unemployed - Not in labor force
☐ Unemployed – Student ☐ Retired or Disabled

Name of Current Employer (if applicable): _____

Primary Income Source

☐ Employment ☐ Child Support
☐ Unemployment Compensation ☐ Foster Subsidy
☐ Social Security ☐ TANF Cash Aid
☐ Pension/Retirement ☐ No Income
☐ SSI Cash Aid ☐ Other: _____

Total Monthly Income

$_____

Primary Health Coverage

☐ None ☐ Employer Provided
☐ Medicaid ☐ Indian/Tribal Health Care
☐ Medicare ☐ Military Health Insurance
☐ Direct Purchase ☐ State Health Insurance for Adults
☐ Children's Health Insurance (CHIP) ☐ Other: _____

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