



## TO-WORK TRANSPORTATION APPLICATION

Completion of this application is mandatory for any individual wishing to use the bus service operated by the Cumberland County Department of Employment & Training. Completion of this application does not guarantee that you will be eligible for a bus pass. Please complete and return this application to the bus driver as soon as possible.

### PERSONAL INFORMATION

Social Security Number		Date of Birth	
Last Name		First Name	
Address			
City		State	Zip
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate your race/ethnic group. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
Education Level <input type="checkbox"/> High School Dropout (grade dropped out _____) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post-Secondary (years completed _____)			
Employment Status <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time			Disability Status <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled
Are you a migrant seasonal worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name			
Relationship Status of Emergency Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Friend		Phone Number of Emergency Contact	

### TRANSPORTATION DEMOGRAPHICS

Purpose for transportation <input type="checkbox"/> Work <input type="checkbox"/> School/Education/Training <input type="checkbox"/> One-Stop Center <input type="checkbox"/> Welfare Office	
Employer/School/Training Provider Name	
I intend use the transportation service... (check all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> One Way Only <input type="checkbox"/> Round Trip	
Please indicate your status <input type="checkbox"/> Current TANF <input type="checkbox"/> Former TANF <input type="checkbox"/> Current GA <input type="checkbox"/> Former GA <input type="checkbox"/> Current FS <input type="checkbox"/> Former FS <input type="checkbox"/> Current UI <input type="checkbox"/> Former UI <input type="checkbox"/> Other	
<i>I certify that I have completed this form to the best of my ability and that my answers on this form are true and accurate. I further certify that I need this service and I am dependent upon this transportation as my only/primary means of getting to/from work/education/training. I understand that the information provided may be verified and that any inconsistencies may cause me to be ineligible for transportation assistance.</i>	
Applicant Signature	Date

#### FOR OFFICE USE ONLY

Transportation Pass Creation Date	Transportation Pass Expiration Date
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