

**Senior Community Service Employment Program (SCSEP) Application**



Application Date: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Name \_\_\_\_\_ Phone#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_ Sex: M F (circle one)

Are you currently employed? Yes No Marital Status : S M D W Separated

Have you ever participated in SCSEP before? Yes No

**Race :**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or more races
- Declined to self-identify

**Ethnicity (circle one):**

- Hispanic or Latino
- Not Hispanic or Latino
- Declined to self-identify

**Veteran Status :**

- Veteran
- Eligible Spouse of a Veteran
- Non-Covered Person
- Not a Veteran

**If you are a Veteran:**

Military Separation Date: \_\_\_\_\_

**Are you a disabled Veteran?**

Yes No

**Highest Level of Education:**

- Lower than 9th grade
- 9th - 12th grade
- High School Diploma
- GED
- Certificate of Completion
- No diploma
- Post secondary
- 2-year associates degree
- 4-year degree
- Post-graduate degree

**Criminal Background Past 10 Years:**

- I have no criminal convictions.
- I have a misdemeanor conviction.  
Year: \_\_\_\_\_  
If yes, for what? \_\_\_\_\_
- I have a felony conviction.  
Year: \_\_\_\_\_  
If yes, for what? \_\_\_\_\_

Secondary Contact : \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a documented disability? Yes No

If yes, please describe: \_\_\_\_\_

**Monthly Income (Please add the gross monthly award for any income you receive):**

- Social Security Disability (SSDI) \$ \_\_\_\_\_
- Supplemental Security Income (SSI) \$ \_\_\_\_\_
- Social Security Retirement \$ \_\_\_\_\_
- Pension(s) from previous employers \$ \_\_\_\_\_
- Veteran's Administration \$ \_\_\_\_\_
- Unemployment Compensation \$ \_\_\_\_\_
- Workman's Compensation \$ \_\_\_\_\_
- Spouse's Income \$ \_\_\_\_\_
- TANF \$ \_\_\_\_\_ SNAP \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

**Housing Status:**

- Assisted Living       At Risk of Homelessness       Emergency       Family Support
- Friend       Group Home       Homeless       Own       Rent       Shelter

**How many people in your household are you financially responsible for?** \_\_\_\_\_

**Transportation:**

- City Bus       Own Car       Family/Friends
- Open Door       Cab       Walk/bike       Group Home
- Moped/Scooter       Other

**When was your last job?** \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for departure: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for departure: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Fax or Mail Completed Form to 317-524-4357 or  
Goodwill SCSEP, 1635 W Michigan St, Indianapolis, IN 46222**

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