



Rider Application

All information you provide on this application will remain confidential. The rider ID card will be used for identification, and to collect entry/exit data so we can monitor WorkLink's usage and effectiveness.

Form must be completed for service to be authorized.

PERSONAL

Application date ____ / ____ / ____ WorkLink ID _____ TO BE ASSIGNED BY WORKLINK

Last name _____ First name _____

Address _____

City _____, Pennsylvania ZIP Code _____ Phone _____

DOB ____ / ____ / ____ Gender M F Neighborhood _____

EMPLOYMENT

Currently employed? Yes No Employed last 6 months? Yes No Employment status Full Part-time

Name of employer #1 _____ Name of employer #2 _____

Enrolled in job training-school? Yes No Location? _____

How do you handle child care? Home Center Relative Friend Other _____

Location of child care _____

EDUCATION

Are you currently in school? Yes No If yes, where? _____

If no, enter last school attended _____

Highest grade completed _____ Technical / vocational certification? Yes No

TRANSPORTATION

Have access to a car? Yes No Have a valid PA drivers license? Yes No

Easy access to public transportation? Yes No

Need special transportation assistance? Yes No Disabled

Primary reason for using WorkLink

Work Job training Education Child care Health care Shopping Leisure Other _____

Port Authority routes used & purpose of trip

Rt# ____ Work Job training Education Child care Health care Shopping Leisure Other _____

Rt# ____ Work Job training Education Child care Health care Shopping Leisure Other _____

Rt# ____ Work Job training Education Child care Health care Shopping Leisure Other _____

HOUSEHOLD

Head of household? Yes No Live with parent-guardian? Yes No

Married? Yes No

Children 11 and under

Last name _____ First name _____ DOB ____ / ____ / ____

Last name _____ First name _____ DOB ____ / ____ / ____

Children 12-17

Last name _____ First name _____ DOB ____ / ____ / ____

Last name _____ First name _____ DOB ____ / ____ / ____

SIGNATURE _____

Please return the completed application by mail or drop off to: **WorkLink Community Van Service • 445 Fourth Street, Braddock, PA 15104**
 412-351-2200 • Fax: 412-351-5334 • info@worklinkvan.org • www.worklinkvan.org