



Employment Resources Incorporated
 500 Lafayette Blvd. Suite 100, Fredericksburg, VA 22401
 (540) 372-6710 (office) - (540) 373-1791 (fax)

Application for High School Diploma Program

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____ Date of Birth: ____/____/____

Are you currently employed? Yes _____ No _____

Place of Employment: _____ Work Telephone: (____) _____

If **Unemployed**, are you receiving benefits and/or services from any of the following agencies?

(Please check all agencies below that apply)

_____ *Virginia Employment Commission (Unemployment) Office Location:* _____

_____ *Dept. of Social Services - County:* _____ *Social Worker:* _____

_____ *Dept. of Rehabilitative Services - Office/Counselor:* _____

_____ *Other Agencies (List Agency & Contact Person):* _____

How soon would you like to begin the 15 week program? _____

How did you learn about our *High School Diploma Program*? _____

Applicant's Signature: _____ Date: _____

Please complete and return this application to:

Employment Resources Inc.

Attn: Michael West

P.O. Box 801

Fredericksburg, VA 22404

or Fax application to: **540-373-1791**