



Upper Shore Workforce Investment Board
PO Box 8, Wye Mills, MD 21679
410-822-1716
www.uswib.org

Selective Service Registration Waiver Request

Name: _____

Were you aware of the need to register for Selective Service? **Yes** **No**

Did you intentionally not register for Selective Service? **Yes** **No**

Why didn't you register for Selective Service?

Do you know that a Military Veteran receives priority for federal job training programs? **Yes** **No**

Are you eligible to work in the United States? **Yes** **No**

What training are you interested in taking? _____

Why are you interested in the training?

Why should the Upper Shore Workforce Investment Board pay for your training?

Applicant Certification: *My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the program and may result in action to recover any monies paid to me while participating.*

Signature

Date

*The Upper Shore Workforce Investment Board is an equal opportunity employer/program
Auxiliary aids are available upon request to individuals with disabilities.*