



Employment Security Department
WASHINGTON STATE

Application for Self-Employment Assistance Program (SEAP)

Claims center

BYE

Name	Identification number / Business EIN (Free IRS Form SS-4)	Telephone number
[Redacted]	[Redacted]	[Redacted]

Claimant's name and address:

Return this form by email to seacat@esd.wa.gov or mail to:

Employment Security Department
Attn: Training Benefits Unit
PO Box 9046
Olympia, WA 98507-9046

We need this information to make a decision about your unemployment claim. After we receive your response, we will contact you by phone if we need additional information.

You have the right to an interview by telephone or in person before a decision is made. If you want an interview, contact the claims center. You may have any person, including an attorney, assist you at the interview. You may present evidence, documents, or witnesses; cross-examine witnesses or parties present; and ask for a copy of all records or documents on the issue.

Please complete and return this questionnaire to the address above.

You may be eligible to participate in the Self-Employment Assistance Program (SEAP) while receiving unemployment benefits. For a list of approved providers, see www.esd.wa.gov/training-programs or contact your nearest WorkSource employment center.

If approved for SEAP, you do not have to look for work while participating. We will decide if you can be approved based on your answers to these questions.

Note: We do not pay for books, tuition or program-related fees. Approval does not extend the number of weeks you can collect unemployment benefits. Your unemployment benefits may run out before the end of your program. If you have any questions, call the Training Benefit Unit at 877-600-7701.

Section 1 -- Self-Employment Assistance Program information

1. Program provider information:

Name: Girandola - Entrepreneurial Edge Academy

Address: 14419 Greenwood Ave N, Ste. A Box 242, Seattle, WA 98133

Phone: (206) 289-0523

Program contact person: Tiffany McVeety

2. Program name: CIRCLE ONE Entrepreneurial Edge On Demand OR Entrepreneurial Edge Idea to Launch (in person)

3. Program start date: [Redacted]

4. Program end date: [Redacted]

(this includes all elements of the program: structured curriculum, business counseling, technical assistance, and requirements to engage in activities relating to setting up a business and becoming self-employed)

Name

[Redacted]

Identification number

[Redacted]

5. What business are you going to pursue? _____

6. Do you already have a business? _____

7. What is your Unified Business Identifier (UBI)#? _____

8. List the occupation in which you have the most experience: _____

How many years did you work in this occupation? _____

9. Do you have any injuries, illnesses, or other conditions that prevent you from returning to your main occupation? If you have medical documentation to support this, please attach a copy (not required).

Yes ___ No ___. If yes, please explain:

10. List any other significant occupation and years of experience: _____

11. List your last three jobs, beginning with the most recent:

Business name

Occupation

Start date

End date

Name

[Redacted]

Identification number

[Redacted]

Section 2 -- Applicant certification

I am applying for approval to participate in SEAP. I understand this information may be verified and I must promptly report any changes in the above program information to the Training Benefit Unit at 877-600-7701. I understand that I may be contacted by the department in the future and I agree to provide information to the research team regarding my SEAP participation.

I authorize my program provider to release information to Employment Security Department about my enrollment and participation in the program.

I understand that I must continue to look for work unless I am notified that I am approved.

The information I provided is true to the best of my knowledge.

Signature

[Redacted]

Date

[Redacted]

Phone

[Redacted]

Email

[Redacted]

Program provider certification

I have reviewed Section 1 of this application. The information provided is correct to the best of my knowledge. The applicant has the skills, ability, aptitude and resources to successfully complete our self-employment assistance program.

We will certify to the applicant's *full-time* participation in our program as required.

Signature

Date

Title/Position

Director

Phone

(206) 289-0523

The Employment Security Department is an equal-opportunity employer and provider of programs and services. Auxiliary aids and services are available upon request to people with disabilities. Auxiliary aids may include qualified interpreters and telecommunication devices (TTY) for hearing- or speech-impaired individuals. Individuals with limited English proficiency may request free interpretive services to conduct business with the department.