



Selective Service Waiver Information and Request

Actualizing BioHealth Career Pathways

Dear Program Applicant,

You have requested services provided through Employ Milwaukee, Inc. that are funded, at least in part, by the federal government. One of the eligibility requirements of federally funded job training programs is that nearly all males age 18 or older must be registered with the Selective Service System. However, you are not permitted to register after reaching age 26.

If you are age 26 or older and did not register, you may still be eligible to receive federally funded workforce services. The Military Selective Service Act [50 U.S.C. App. 462(8)(g)] states:

A person may not be denied a right, privilege, or benefit under Federal law by reason of failure to present himself for and submit to registration under section 3 (section 453 of this Appendix) if –

- (1) the requirement for the person to register has terminated or become inapplicable to the person; **and**
- (2) the person shows by a preponderance of the evidence that the failure of the person to register was not a knowing and willful failure to register.

The purpose of this provision is to allow you to receive a Federal benefit (in this case workforce services) if you can show that you did not knowingly and willfully fail to register with Selective Service.

You may request a waiver from Employ Milwaukee allowing you to receive these workforce services by providing the reasons you did not register on the attached form. You may include a copy of any documentation that you believe is helpful and supports your reasons. Provide the form and any documentation to your Career Planner.

Employ Milwaukee will review your request and documentation and then inform you in writing of its decision.

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, at no cost to you please contact Carrie Hersh, Equal Opportunity Officer, at (414) 270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414) 270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414) 270-1726** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414) 270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

I am an applicant of a federally-funded training program, hereby acknowledge that I have received and understand the rules governing registering with the United States Selective Service System and receiving workforce services. I hereby request Employ Milwaukee to waive the Selective Service System registration eligibility requirement for the workforce services program to which I am applying.

Were you aware of the requirement to register with the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes (you knew about the requirement to register), why did you think this requirement did not apply to you?	
<p>On which date did you first learn that you were required to register? <input type="text"/> Click or tap to enter a date.</p> <p>Were you a US Armed Forces service member released from the military before age 26? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My reasons for failing to register are as follows:</p> <div style="border: 1px solid #ccc; height: 100px; margin-top: 10px;"></div>	
Attach additional pages or documentation if needed.	

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that providing false or incomplete information during the application process could lead to termination from the program and/or penalties as specified by law. By signing below, I attest to the accuracy of this form.

	Click or tap to enter a date.
Applicant Printed Name	Date of Birth
	Click or tap to enter a date.
Applicant Signature	Date Signed

Form Date: 01.16.26