

# Application for WIOA Services

Date: \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street, PO Box, Apartment Number) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Personal Situation

*(Check all that apply)*

- |   |   |                                       |   |                                  |
|---|---|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Male                   | <input type="checkbox"/> Female                           | <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Immigration Status Established |                                  |
| <input type="checkbox"/> Single                 | <input type="checkbox"/> Married                          | <input type="checkbox"/> Separated    | <input type="checkbox"/> Divorced                       | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> White                  | <input type="checkbox"/> Hispanic                         | <input type="checkbox"/> Asian        | <input type="checkbox"/> Native American/Alaskan Native |                                  |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other _____  |   |                                  |

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> School Drop-out         | <input type="checkbox"/> English is a Second Language | <input type="checkbox"/> Problems with Math or Reading          |
| <input type="checkbox"/> Homeless                | <input type="checkbox"/> Disabled/ Handicapped        | <input type="checkbox"/> Been convicted of a felony             |
| <input type="checkbox"/> Family Problems         | <input type="checkbox"/> Single Head of Household     | <input type="checkbox"/> On Probation                           |
| <input type="checkbox"/> Legal Problems          | <input type="checkbox"/> Alcohol/Drug Problem         | <input type="checkbox"/> Critical Financial Problems            |
| <input type="checkbox"/> Veteran                 | <input type="checkbox"/> Housing Problems             | <input type="checkbox"/> Delinquent on my child support payment |
| <input type="checkbox"/> In Foster Care          | <input type="checkbox"/> Have Medical Insurance       | <input type="checkbox"/> (21 & under) Pregnant/Parent           |
| <input type="checkbox"/> Have a driver's license | <input type="checkbox"/> Have Reliable transportation | <input type="checkbox"/> In need of child care                  |

(Males 18 & over only) Have you registered w/ Selective Service, (If yes # \_\_\_\_\_)

Please check if you or a family member are currently receiving any of the following:

- |  |                                  |  |  |
|--|----------------------------------|--|--|
| <input type="checkbox"/> Retirement Benefits   | <input type="checkbox"/> Pension | <input type="checkbox"/> Social Security | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> TA/TANF | <input type="checkbox"/> Food Stamps     | <input type="checkbox"/> Worker's Comp |

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**Employment Information**

(Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Have registered with Division of Workforce Development         | <input type="checkbox"/> Received farm labor wages  |
| <input type="checkbox"/> Have only had short-term jobs with different employers         | <input type="checkbox"/> Previously fired           |
| <input type="checkbox"/> Have not had good training in prior jobs                       | <input type="checkbox"/> Previously laid-off        |
| <input type="checkbox"/> Experiencing hiring or promotion limitation                    | <input type="checkbox"/> Only done odd jobs         |
| <input type="checkbox"/> My prior experience/training does not match with what I want   | <input type="checkbox"/> No prior jobs              |
| <input type="checkbox"/> Haven't had a full-time job                                    | <input type="checkbox"/> Prior jobs are low skilled |
| <input type="checkbox"/> Unemployed for at least the last 7 days                        |   |
| <input type="checkbox"/> Some of my prior employers won't give me a good recommendation |   |

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**Education Information**

(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Have a high school diploma/GED   | <input type="checkbox"/> Enrolled in GED classes       |
| <input type="checkbox"/> Currently attending college/training program<br>(If yes, where? _____)<br>(If yes, how long attended? _____) |  |
| <input type="checkbox"/> Have applied for Pell Grant to attend school   |  |
| <input type="checkbox"/> Have taken out school loans  | <input type="checkbox"/> Am in default status of loans |

Please list any degrees or certifications you have received from schooling or training

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Household Information

(List all persons living in your home that are related to you by blood, marriage, or adoption)

Name	Relationship	Date of Birth	Age
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Work History

(Start with most recent and work backward. We need at least the past 12 months)

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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**WHAT WOULD YOU LIKE US TO POSSIBLY HELP YOU WITH?**

*(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Job search assistance  | <input type="checkbox"/> Learn how to fill out a good application.      |
| <input type="checkbox"/> Selecting a job in which to train.   | <input type="checkbox"/> Going to school to learn new job skills.       |
| <input type="checkbox"/> Financial assistance for my training/school.   | <input type="checkbox"/> Take instruction for job interviews.           |
| <input type="checkbox"/> Getting some work experience.  | <input type="checkbox"/> Workshops pertaining to job search.            |
| <input type="checkbox"/> Finding out why I'm not getting a job.   | <input type="checkbox"/> Getting off welfare to become self-sufficient. |
| <input type="checkbox"/> Improving my math and/or reading skills.   | <input type="checkbox"/> Getting my GED.                                |
| <input type="checkbox"/> Finding any job right now to get by.   | <input type="checkbox"/> Finding the right kind of job for me.          |
| <input type="checkbox"/> Writing a Resume.  |   |
| <input type="checkbox"/> Child care assistance and/or transportation assistance so I can job hunt or go to training/school. |   |
| <input type="checkbox"/> Information on jobs available in this area, the salaries of jobs available, & required skills.     |   |
| <input type="checkbox"/> Information on area vocation/technical school and/or college/university courses.                   |   |

**Is there anything not shown that we might be able to help you with?**

\_\_\_\_\_

\_\_\_\_\_



**How did you learn about our Employment and Training Program?**

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**Contact Information**

*(Please list 3 friends or relatives who DO NOT live with you and are likely to know how to contact you.)*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Certification Statement: I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application, subsequent termination from the WIOA program, or prosecution under the law. I authorize the exchange of information from my personal record with other public agencies when such disclosure is required by law or when such exchange is beneficial in determining or increasing my employability.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



