

Please complete the following form to the best of your abilities.

PART I: APPLICANT INFORMATION						
Applicant Name: First _____ MI _____ Last _____				Application Date: _____		
Birth Date: _____		Social Security Number - -		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do Not Wish to Answer		
Race: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> I do not wish to answer				Are you of Hispanic or Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer		
				What is your primary language if NOT English: _____		
Primary Phone _____		Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other		Email: _____		
Contact Preference: <input type="checkbox"/> Phone <input type="checkbox"/> Email						
Residential Address: _____			City: _____	State: _____	Zip Code: _____	
County of Residence: _____						
Mailing Address <input type="checkbox"/> Check here to use residential address			City _____	State: _____	Zip Code: _____	
County _____						
Alternate Contact: _____			Relationship _____		Phone Number _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you a United States Citizen? <input type="checkbox"/> Citizen of US or US Territory <input type="checkbox"/> U.S Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted to the US <input type="checkbox"/> None of the Above If Alien/Refugee Alien Card #: _____ Exp. Date: _____						
What is your current employment status? <input type="checkbox"/> Working Fulltime <input type="checkbox"/> Working Part-time <input type="checkbox"/> Not Working <input type="checkbox"/> Never Worked						
Have you registered for the Selective Service (www.sss.gov)? (Males born on or after 1/1/1960, ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Documented Exemption						
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you need additional support? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you currently in the military, a veteran or a spouse of a member of the armed forces who is on active duty or a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you previously enrolled in WIOA funded training? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If YES, please complete the following:						
Name of School attended: _____		Name of Training Program: _____		Completion Date: _____		
Did you complete the training? If no, why not: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No						
Did you find a job after you completed the training? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If YES, was the job related to the training you received?						
Name of Employer: _____		Position: _____		Dates of Employment: (mm/dd/yy)		
				From _____	To _____	
What are your future employment goals? _____ _____						

PART II: ELIGIBILITY

DISLOCATED WORKER Category

In the past six months, have you received **notice of termination** or **layoff** from your job or received documentation that you are **separating from the military**? Yes No

If YES, please provide the date of termination or separation (mm/dd/yy) _____

If YES, please provide the information of your previous employer

Employer Name		Employer County	
Address	City	State	Zip Code

ADULT Category

In the past **six months**, have you or anyone in your family received the following **public assistance**:

Temporary Assistance for Needy Families (TANF) Yes No

Supplemental Nutrition Assistance Program (SNAP) Yes No

Supplemental Security Disability Income (SSDI) Yes No

Supplemental Security Income (SSI) Yes No

Any other forms of public support? Yes No

Explain: _____

PART III: FAMILY COMPOSITION OF INCOME

Family Composition: List each family member (spouse and dependents) living in the home

Names of Family Members Including Applicant	Relationship	Age	Social Security # (over 14 years of age)	Total Gross Income (Six Months Prior to Application)
	APPLICANT/SELF			
List other sources of financial support and amounts received:		1		
EXAMPLES: child support, unemployment, Social Security		2		
		3		
Total # in Household:			Total Household Income	

NOTE: Falsification of data on this form is a crime against Federal and State laws and is punishable by a fine or imprisonment or both and will require repayment of any monies paid to or on behalf of the applicant while in training.

PART IV: EDUCATION HISTORY

Please complete the following form to the best of your abilities

Are you currently in school? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, Name of School: _____	Program: _____		
Highest School Grade Completed:	<input type="checkbox"/> None <input type="checkbox"/> Grade School <input type="checkbox"/> Middle School <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
High school diploma or equivalent received (GED)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Highest Qualification Level Completed: <i>Do NOT complete for education levels of less than high school or high school equivalency diploma</i>	<input type="checkbox"/> Certificate of Attendance/Completion (Disabled Individuals) <input type="checkbox"/> High School Equivalency Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> 1 Year at College or a Technical or Vocational School <input type="checkbox"/> 2 Years at College or Technical or Vocational School <input type="checkbox"/> 3 Years at a College or Technical or Vocational School <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Specialized Degree		
Course of Study		Issuing Institution	
Do you possess any certifications or licenses? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, list below:			
1	Certificate/License	Issuing Organization	
	Completion Date:	State: Country:	
2	Certificate/License	Issuing Organization	
	Completion Date:	State: Country:	
3	Certificate/License	Issuing Organization	
	Completion Date:	State: Country:	

PART V: WORK EXPERIENCE

Please list your work experience for the past 3 jobs your most recent job held.

Name of Employer:		Occupation Title:		Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	
Employment Dates: (mm/dd/yy) From _____ To _____		Wage/Salary \$ _____	City	County	State
Reason for leaving job (be specific):					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:					
Name of Employer:		Occupation Title:		Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	
Employment Dates: (mm/dd/yy) From _____ To _____		Wage/Salary \$ _____	City	County	State
Reason for leaving job (be specific):					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:					
Name of Employer:		Occupation Title:		Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	
Employment Dates: (mm/dd/yy) From _____ To _____		Wage/Salary \$ _____	City	County	State
Reason for leaving job (be specific):					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:					

APPLICANT ATTESTATION:

The information I have provided on pages 1-4 of this application are true. I understand that any false or misrepresented information may adversely affect my eligibility for services or disqualify me from receiving assistance.

Applicant Signature

Date

Applicant Printed Name