

PRE-APPLICATION FOR WIOA PROGRAMS

NAME: _____ BIRTH DATE: _____ SS#: _____
 RESIDENCE: _____
 MAILING ADDRESS: _____
 COUNTY OF RESIDENCE: _____ PHONE #: _____ ALT. PHONE #: _____
 E-mail: _____
 Are you a U.S. citizen? YES NO Resident Alien? YES NO
 If male 18 or older, registered with the Selective Service? YES NO
 Are you a Veteran? YES NO If YES, give dates: _____ to _____
 Do you acknowledge a disability? YES NO Have you ever been arrested? YES NO

EDUCATIONAL STATUS

Currently attending any school? YES NO
 If YES, check appropriate box: High School Technical Training College
 Highest grade completed? _____
 Name and Address of current or most recent school attended? _____

 Do you have a degree or certificate? YES NO If YES, what type? _____

FAMILY INFORMATION

Gross Family Income Received by Each Family Member During the Last Six (6) Months: \$ _____
 Number In Family (Include Self): _____

Family Relationship	Age	Full Name	Edu. Level	Income	Sources of Income
(SELF)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(If more space is needed for listings, please use a blank sheet and sign)

Does your family receive cash public assistance? YES NO K-TAP SSI Food Stamps? YES NO

WORK HISTORY (List Most Recent Job First)

Employer: _____ Phone #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Job Title: _____ Job Duties: _____
 Employed From: ___/___/___ To: ___/___/___ Hourly Wage: _____ Hrs. Per Week: _____
 Reason for Leaving: _____ Supervisor: _____

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- Are you receiving Unemployment Insurance Benefits? YES NO
 Did you receive a notice of job closure/lay-off? YES NO
 Are you willing to relocate to accept suitable employment? YES NO
 What type service/training are you interested in? _____

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN : _____ DATE: _____
 (If under age 18)