

**PRE-APPLICATION FOR WIOA PROGRAMS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Ethnicity: \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ White  
\_\_\_\_\_ Hawaiian or Pacific Island \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Prefer not to answer

If you are a male, 18 years or older, are you registered with Selective Service? \_\_\_\_\_

Veteran Status: \_\_\_\_\_ Not a Veteran \_\_\_\_\_ Veteran \_\_\_\_\_ Qualified Spouse \_\_\_\_\_ Transitioning Service Member

*Veteran & Qualified spouse complete the following: Branch and Dates of Service* \_\_\_\_\_

*Armed Forces Campaign or Expeditionary Medal?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Discharge:* \_\_\_\_\_ Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ Less than Honorable \_\_\_\_\_ Service Connected Disability

Marital Status \_\_\_\_\_ Complete below for people currently in your household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Dependent (Yes or No)</u>

Household's sources of income during the last 6 months: (circle all that apply)

Salary/Wages, Unemployment Insurance, Pension, Social Security, TANF, Food Stamps, Child Support, Supplemental Security Income (SSI), School Grants, Other: \_\_\_\_\_

How many months during the past 5 years have you received Public Aid or TANF? \_\_\_\_\_

Have you ever been served by this or another WIO/WIOA office previously? \_\_\_\_\_ If yes, location and services received: \_\_\_\_\_

Do you have a disability? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ What type of transportation do you have? \_\_\_\_\_

Do you have any of the following characteristics or barriers? Please explain any yes answer.

	<u>No</u>	<u>Yes</u>	<u>Explain</u>
Drug/alcohol dependency	_____	_____	_____
Limited English	_____	_____	_____
Offender/Felon	_____	_____	_____
Offender/Misdemeanor	_____	_____	_____
Homeless	_____	_____	_____

What is your current labor force status?  Unemployed  Employed full-time  
 Employed part-time  Not in the labor force

**Work History (Begin with the most recent job)**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
(Street Address) (city) (State) (Zip)  
Duties \_\_\_\_\_  
Employed From: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ to Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_  
Wage/Salary \$ \_\_\_\_\_ # Hrs. per Week \_\_\_\_\_ Reason for Leaving: Quit \_\_\_\_\_ Fired \_\_\_\_\_  
Permanent Lay Off \_\_\_\_\_ Temporary Lay Off \_\_\_\_\_ Other: \_\_\_\_\_

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Address \_\_\_\_\_  
(Street Address) (city) (State) (Zip)  
Duties \_\_\_\_\_  
Employed From: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ to Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_  
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**Education: (check all that apply)**

Currently enrolled in high school – name of school and grade \_\_\_\_\_  
 Graduated from high school – year graduated \_\_\_\_\_  
 Obtained GED – year \_\_\_\_\_  
 Dropped out of high school – highest grade completed \_\_\_\_\_  
 Attended college, trade school, business school, or vocational school – list name of school, dates attended, degree earned: \_\_\_\_\_  
\_\_\_\_\_

Career Goals

Career you are seeking: \_\_\_\_\_

Are you currently attending school? \_\_\_\_\_ If yes, list school, field of study, and date started: \_\_\_\_\_

Have you submitted the FAFSA (Free application for Federal Student Aid)? \_\_\_\_\_ If yes, what grants are you eligible for? \_\_\_\_\_

How long will it take you to complete your training? \_\_\_\_\_

How do you plan to support yourself (and family) while attending training? \_\_\_\_\_

Are you willing to relocate to obtain employment in this field? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where: \_\_\_\_\_

How far are you willing to drive to obtain employment in this career field? \_\_\_\_\_

What shifts are you willing to work? \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights

Does this career require you to be gone from home the majority of the week? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how do your family members feel about this? \_\_\_\_\_

Why is this career appropriate for you: \_\_\_\_\_

Name 3 employers that would hire in this career field (that you would like to work for) and the approximate starting rate of pay: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Please list any other information that you would like to provide in consideration for your request to obtain funding for training: \_\_\_\_\_

Contacts

List 3 people (relatives, friends) who know how to contact you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Income and Expenses

Income – List all sources and amounts of family income received per month (take-home pay)

<u>Source</u>	<u>Amount</u>
Wages	_____
Self-Employed Wages	_____
Spouse Wages	_____
Pension	_____
Insurance Annuity	_____
Child Support/Alimony	_____
Social Security	_____
Public Assistance	_____
Unemployment	_____
Other	_____
Total	_____

Expenses – enter approximate amounts for your monthly expenses

Rent/Mortgage	_____
Utilities	_____
Installment Payments	_____
Savings	_____
Insurance	_____
Support Payments	_____
Transportation	_____
Food	_____
Clothing	_____
Household Supplies	_____
Medical/Dental	_____
Miscellaneous	_____
Total	_____

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I certify the information provided in this document is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date