



PRE-APPLICATION FOR W.I.O.A. PROGRAMS

LWIA 21 PRE-01

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 & 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: (check 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 TANF? _____

Do you have a disability? _____ If yes, explain: _____

Do you have an IEP? _____ Do you have a 504 Plan? _____

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	_____	_____	_____

If age 24 or under, check any of the following that apply to you:

- Pregnant/Parenting Runaway Foster child Aged out of foster care
- Subject to juvenile or adult justice system Eligible to receive free or reduced price lunch

Training Career Goals

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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: _____

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 _____
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Wage/Salary \$ _____ # hrs per week _____ Reason for leaving: Quit _____ Fired _____
Permanent lay off _____ Temporary lay off _____ Other: _____

Education (check all that apply)

Currently enrolled in high school – Name of school & 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, degrees earned:

Training/Career Goals

What type of Training are you pursuing? _____

Has the school accepted you in to this program? _____ Are there prerequisites to start or finish _____

Starting date of training _____ Completion date of training _____

What type of credentials/license are your pursuing? _____

Have you submitted the FAFSA (Free Application for Federal Student Aid)? _____

Have you previously been served by this or another JTPA/WIA/WIOA? _____ If yes, location and services received: _____

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 _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Income and Expenses

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

Source	Amount
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	_____
Phone	_____
Insurance	_____
Support Payments	_____
Transportation	_____
Food	_____
Clothing	_____
Household Supplies	_____
Medical/Dental	_____
Miscellaneous	_____
TOTAL	_____

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

Applicant's Signature

Date