



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? YES NO

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.

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

Labor Force Status

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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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: _____

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:

Labor Force Status/Training Goals

What type of Training are you pursuing? _____

School/Training Location: _____

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

Basic Skills Screening Tool

Name: _____

Last 4 of SSN: _____

- 1) Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HSED)? Yes No Currently in high school (does not include GED or HSED programs)
(Please read all three responses for this question and select one.)
- 2) Can you follow basic written instructions and diagrams with no help or just a little help? Yes No
- 3) Can you fill out basic medical forms and job applications? Yes No
- 4) Without the aid of a calculator, can you add, subtract, multiply, and divide with whole numbers up to 3 digits? Yes No
- 5) Are your math, reading, writing, and computer skills strong enough to help you in a job or training? Yes No
- 6) Do you speak and read English well enough to get and keep a job? Yes No

Signature: _____ Date Signed: _____

For Internal Use Only:

Was the individual able to complete the screening tool without help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>For the Adult Program Only:</p> <p>If any question is answered, "No" or the form could not be completed independently, the individual should receive priority.</p> <p>Does the individual receive priority?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>For the Youth Program Only:</p> <p>If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.</p> <p>Does the individual have an eligibility barrier?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Name of Career Planner: _____	
Career Planner Signature: _____ Date Signed: _____	