

PRE-APPLICATION FOR WIOA PROGRAMS

BASIC DEMOGRAPHICS

Name _____ DOB _____ SSN _____
Gender Male Female Not Disclosed Registered for Selective Service(Males 18 & over) Yes No
Physical Address _____
Mailing Address (if different) _____
County _____ Email _____
Primary Phone # _____ Secondary Phone # _____
Preferred Language to Speak and Write English Spanish Other (specify) _____
Are you a Runaway? Yes No Are you in Foster Care? Yes No Are you Homeless? Yes No
Parent/Legal Guardian Name (if under 18) _____
Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander
 Unknown White Not Disclosed Hispanic, Latino, or Spanish Origin? Yes No
US Citizen/Authorized to Work in US? Yes No Resident Alien? Yes No

EMPLOYMENT STATUS

Are you currently employed? Yes No Have you been employed in the past? Yes No
Any cultural barriers to employment? Yes No Do you have subsidized employment? Yes No
Do you receive unemployment insurance benefits? Yes No Do you receive Trade funds? Yes No
Reason for unemployment? Terminated Laid Off Natural Disaster Economic Conditions
 Terminated/Self Employment Quit Laid Off Due to Foreign Trade
Do you have a Trade petition number? Yes No If yes, Trade Petition Number _____
Do you have a Rapid Response number? Yes No If yes, Rapid Response Number _____

WORK HISTORY

Employer _____ Phone # _____
Address _____
Job Title _____ Job Duties _____
Employment Dates _____ - _____ Hourly Wage _____ Hours Per Week _____
Reason for Leaving _____ Supervisor _____

Employer _____ Phone # _____
Address _____
Job Title _____ Job Duties _____
Employment Dates _____ - _____ Hourly Wage _____ Hours Per Week _____
Reason for Leaving _____ Supervisor _____

EDUCATION STATUS

Are you currently in school? Yes No Are you an English language learner? Yes No
Highest Level of School Completed Less than High School, Grade Completed _____ High School Diploma GED
 Vocational Certificate Associate Degree Bachelor Degree Master Degree Doctorate Degree
List Certifications/Degrees _____
Do you have a Driver's License? Yes No Do you have a Commercial Driver's License? Yes No
Driver's License Endorsements Passenger Transport Motorcycle Doubles/Triples Air Brakes
 Hazardous Materials Tank Hazard Tank Vehicle School Bus

VETERAN INFORMATION

Are you a veteran? Yes No Are you the spouse of a veteran? Yes No
Service Dates _____ - _____ Current Housing Situation Own Rent Homeless
Discharge Reason Honorable Dishonorable Military Branch _____
Are you a transitioning veteran? Yes No Are you a campaign veteran? Yes No
Were you disabled while in military service? Yes No Disability Start Date _____
Do you receive services from the VA? Yes No Do you have a disability rating from the VA? Yes No

DISABILITY INFORMATION

Do you acknowledge a disability? Yes No Do you receive services from Vocational Rehab? Yes No
Disability Type Physical/Mobility Impairment Physical/Chronic Health Condition Vision Related
 Mental/Psychiatric Hearing Related Learning Related Cognitive/Intellectual Not Disclosed

HOUSEHOLD INFORMATION

Total Household Gross Income in Last 6 Months \$ _____ # of Dependents Providing Care For _____

Family Relationship	Age	Full Name	Gross Income/Month	Sources of Income
SELF				

Are you a seasonal farm worker? Yes No Are you a migrant farm worker? Yes No
Are you pregnant or parenting? Yes No Are you a single parent? Yes No
Marital Status Single Married Divorced Living Together/Partner Widowed Legally Separated
Are you a school dropout? Yes No Do you receive Public Assistance? Yes No
Public Assistance Program TANF Food Stamps SSI SSDI KTAP Other _____

Challenges or Stressors that Would Hinder Employment

- No High School Diploma/GED
- No Valid Driver's License
- Lack of Basic Needs (Food, Shelter, Utilities, Etc.)
- Poor Work History
- No Reliable Transportation
- No Child/Dependent Care Assistance
- Unpaid Student Loan
- No Car Insurance
- No Working Telephone
- Financial or Credit Issues
- Legal Issues
- Well-Being Limitations
- Pregnancy
- Felony/Misdemeanor Record
- Special Household Needs
- No Family/Friend Support
- Chemical Dependency
- Health Problems

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS PRE-APPLICATION FOR WIOA PROGRAMS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if under age 18)

