

**WIA SUMMER PROGRAM
COVER SHEET**

LIST OF REQUIRED DOCUMENTS

WIA REGISTRATION FORM

PLEASE COMPLETE THE FORM ACCURATELY AND LEGIBLY. (BLUE OR BLANK INK ONLY) SHOULD YOU HAVE ANY QUESTIONS, LEAVE IT BLANK AND A WIA STAFF WILL ASSIST YOU WHEN SUBMITTING YOUR APPLICATION.

SUMMER INTAKE APPLICATION FORMS

Page 1 Complete boxes 1-8 ONLY
Page 2 Complete boxes A-C ONLY then Read, Sign and Date at the bottom
Page 3 Sign and Date Only

FINAL CHECKLIST BEFORE SUBMITTING YOUR APPLICATION TO WIA

- 1. ARE ALL THE QUESTIONS ANSWERED CORRECTLY AND ACCURATELY?**
- 2. ARE ALL THE REQUIRED DOCUMENTS PROVIDED AND ATTACHED?**
- 3. ARE THE FORM(S) SIGNED AND DATED?**

THANK YOU.

WORKFORCE INVESTMENT AGENCY

SUMMER APPLICATION REQUIREMENTS

In order for your application to be processed in a timely fashion, you must furnish the following applicable documents:

- √ DRIVERS LICENCE (if applicable).
- √ BIRTH CERTIFICATE OR ANY IDENTIFICATION CARD.
- √ **RECENT** CHECK STUBS FROM **ALL** WORKING FAMILY MEMBERS
- √ FOOD STAMPS DOCUMENT SHOWING AMOUNT
- √ PARENTS RETIREMENT CHECK STUB.
- √ SSI RECEIPT OR DOCUMENT
- √ COPY OF SOCIAL SECURITY CARD
- √ SELECTIVE SERVICE REGISTRATION
(Only males ages 18 and up)

APPLICANT MUST BRING THE ABOVE DOCUMENTS FOR THE INTAKE PROCESS.

IF APPLICANT IS **BELOW 18** YEARS OF AGE, A **PARENT OR GUARDIAN MUST ACCOMPANY** THE APPLICANT FOR THE SUBMISSION OF THE APPLICATION.

WORKFORCE INVESTMENT AGENCY SUMMER REGISTRATION FORM

Instructions: Please complete this form as completely as possible to the best of your ability. If you do not understand a question, please leave it blank and the staff will assist you.

Social Security Number _____		Drivers License Number _____	
First Name _____	M.I. _____	Last Name _____	Suffix _____
Date of Birth (Month/Day/Year) _____		Male <input type="checkbox"/> Female <input type="checkbox"/>	Registered for Selective Services: _____ (Males Only) Yes or No
Citizenship	<input type="checkbox"/> U.S. Citizen		
	<input type="checkbox"/> FAS		
	<input type="checkbox"/> Other		
Person with a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address:	House or Box No. _____		
	Street, City, State, Zip _____		
Residential Address:	Village _____		
Contact Numbers:	_____	_____	_____
	Home Phone	Work Phone	Cellular Phone
	_____	_____	_____
	Nearest Relative	Pager Number	Other Number

EDUCATION:	Last Grade Completed In School: _____	
In School: <input type="checkbox"/> No <input type="checkbox"/> Yes	Specify School: _____	
Highest Educational Level Achieved: _____		

School Attended:
School Name: _____
School Address: City, State: _____
Date Started: _____ Date Ended: _____
Degree/Diploma/License: _____

FAMILY:	Number in Household: _____	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		
Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race: <input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> White		
<input type="checkbox"/> American Indian/Alaska Native		
<input type="checkbox"/> Black/African-American		
<input type="checkbox"/> Hawaiian Native or other Pacific Islands. Please Specify: _____		
<input type="checkbox"/> Asian. Please Specify: _____		
<input type="checkbox"/> More Than one Race. Please Specify: _____		
<input type="checkbox"/> Other. Please Specify: _____		

(Check each below that applies to your ability with the language)

Primary Language: _____

Speak Read Write

Secondary Language: _____

Speak Read Write

Are you currently receiving or have you ever received Public Assistance? Yes No
* Age 18 and above

Do you have transportation to work? Yes No

Do you have childcare available so you can work: Yes No N/A

1st Job Choice: _____

2nd Job Choice: _____

I agree to allow sharing of the above and other relevant information with other agencies for the purpose of assisting me in obtaining my educational, training, and/or employment goals and supportive services. I authorize my former employers to release, without liability, any information in their possession relevant to my past performance as their employee. I also authorize any verification of all statements made.

The information I have provided above is true, complete, and correct to the best of my knowledge. I understand that the above information, if misrepresented, or incomplete, maybe grounds for immediate termination and/or penalties as specified by law.

Signature _____

Date _____

Parent/Guardian Signature _____

Date _____