



Application of Interest for Acceptance to
WIA Training and Employment Program:
For Youth (16-21)

Date: ___/___/___ Legal Name: _____
Nickname: _____ Age: ___ Date of Birth: _____ [] Male [] Female
Check all that apply: [] Hispanic [] American Indian or Alaskan Native [] Asian
[] Black [] Hawaiian or other Pacific Islander [] White
Primary Telephone Number: _____ Alternate Telephone Number: _____
Email Address: _____
Address: _____ Mailing Address: _____
City/State: _____ Zip Code: _____ County: _____
Legal Guardian(s) Name(s): _____ Telephone Number: _____

Employment information:

Have you ever been employed? [] Yes [] No
Are you currently employed? [] Yes [] No
If yes, who is your current employer/what is your current title/length of employment?

If no, what was your last position and end date? _____

Personal Information

Does anyone in your household receive: (Check all that apply)
[] EIC [] Work first [] Food Stamps [] Medicaid [] Transportation or Childcare Assistance
[] Vocational Rehabilitation [] Mental Health Services [] Other Agency Services: _____
Do you have a documented disability that you wish to declare? [] Yes [] No

Educational Information:

Are you currently attending High School or any formal education? [] Yes [] No
If not highest grade completed? _____
If yes where? _____
What grade/level are you currently in? _____
Current program (H.S. Diploma, GED, etc.)? _____ Expected graduation date? _____
Did you attend special classes in High School? [] Yes [] No
If yes, for what reasons: _____
Did you have an IEP? [] Yes [] No

How did you hear about this program (please list referral source and/or agency)?

Applicant Signature / Date _____ YTES Signature / Date _____

To complete this application, please include the attached Youth Information release, sample resume,
and placement tests and high school transcripts (if available).

Training and Employment Specialist Recommendations: _____

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1. Specific reason not eligible: Age Income No Additional Barrier Other: _____
2. Specific reason(s) not suitable:
- Did not complete paperwork Test scores too low
- Not committed to school or work Does not keep appointment
- Other (please explain) _____

3. Please check core services provided:

<input type="checkbox"/> Update resume
<input type="checkbox"/> Register with the Employment Security Commission
<input type="checkbox"/> Complete Math Assessment
<input type="checkbox"/> Complete Writing Assessment
<input type="checkbox"/> Complete Reading Assessment
<input type="checkbox"/> Complete Skills Assessment
<input type="checkbox"/> Apply for three (3) jobs and no interview or go to up to three (3) interviews and no job offer.

Referred to:

<input type="checkbox"/> Community College-Basic Skills	<input type="checkbox"/> Community College- HS Credential	<input type="checkbox"/> Skill Upgrade & Retraining
<input type="checkbox"/> Health Care	<input type="checkbox"/> Financial Aid/Loans	<input type="checkbox"/> 4 Year College
<input type="checkbox"/> ES/ Work registration	<input type="checkbox"/> Academic Advisement	<input type="checkbox"/> NWDB Work Ready Candidate
<input type="checkbox"/> DSS-WorkFirst	<input type="checkbox"/> TANF	<input type="checkbox"/> HRD
<input type="checkbox"/> Drug/Alcohol Abuse Counseling/ Referral	<input type="checkbox"/> Anger Management Training	<input type="checkbox"/> EIC (housing)
<input type="checkbox"/> Individual & Family Counseling	<input type="checkbox"/> WIC	<input type="checkbox"/> DSS/Food Stamps
<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Personal grooming	<input type="checkbox"/> DSS/Child Care
<input type="checkbox"/> Individuals with Disabilities VR	<input type="checkbox"/> Veterans Services	<input type="checkbox"/> ES/ UI
<input type="checkbox"/> SSI/SSB	<input type="checkbox"/> Financial Management	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

TES Printed Name

Date

TES Signature

Date application received: _____

Date sent to NWDB Evaluator: _____



WORKFORCE INVESTMENT ACT YOUTH INFORMATION RELEASE

Applicant Name: _____

SS# (Last 4 digits only) _____

I hereby authorize the WIA staff of the Northeastern Workforce Development Board to obtain information from other organizations that is necessary and pertinent to develop a plan that will address my training and employment needs.

I also authorize Northeastern Workforce Development to release my name as a WIA applicant/participant and WIA service information such as test results, income, eligibility related information, dates of employment, and outcome of services, to other employment and training agencies for purposes of coordination of services.

Signature: _____ Date: _____

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

NWDB Staff Signature: _____ Date: _____

Authorization for Publication

I, the undersigned WIA participant, authorize the use of my name and/or photograph for news releases; newspaper articles or any form of publication to promote the positive results of WIA federally funded employment and training programs. I understand that if detailed information about my life experiences or WIA program experiences will be used as a narrative in such publications, I will be able to review the narrative prior to its use.

Signature: _____ Date: _____

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

NWDB Staff Signature: _____ Date: _____

Resume: *(provide as much information as possible)*

Name: _____

Address: _____

Phone: _____ Email: _____

Describe Your Ideal Job/Career:

Experience:

Job Title: _____

Dates of Employment: _____

Company Name: _____

City, State: _____

List Job Responsibilities/Achievements:

- _____
- _____
- _____
- _____

Education:

School Name: _____

City, State: _____

- Degree/Diploma: _____
- Special Awards/Minor: _____
- _____
- _____

Interests:

List interests that may pertain to the type of job you want:

- _____
- _____
- _____

References:

List two references:

Name: _____ Contact Number: _____

How do you know this person? _____

Name: _____ Contact Number: _____

How do you know this person? _____