

List any medicines that you are currently taking:

I HEREBY AGREE, in case of an emergency, that a doctor and/or ambulance may be called to provide necessary medical services and the designated person contacted.

Customer Signature

Date

Parent/Guardian Signature (if under 18)

Date

Do you have a work-related limitation(s)? Physical Mental Learning disability
Please describe the limitation(s) in detail: _____

Do you currently have any personal or emotional concerns? Yes No
If yes, what are they? _____

Have you sought assistance for alcohol or drugs? Yes No
If yes, where? _____

Are you getting help now? Yes No
If so, when was your last appointment? _____

Will you agree to receive help from WIOA staff and/or be referred to other agencies for any personal concerns that could influence participation in the WIOA program? Yes No

Education Information:

Indicate all levels completed:

	<u>Location</u>	<u>Completion Date</u>
High School Diploma/ GED	_____	_____
Vocational school diploma or certificate	_____	_____

If you did not complete high school, indicate the last grade completed: _____

Are you currently enrolled in school?
 No Yes, full-time Yes, part-time
If yes, where? _____

If you are not currently in school, do you want to go back to school or get your GED?
 Yes, full-time

Are you willing to attend classes, if needed, to help you obtain meaningful employment?
 Yes No
If no, what would prevent you from taking classes? _____

Financial Information:

Does your family received Food Stamps, SSI, or TANF ? Yes No

If anyone in your household, **other than you**, worked during the last six months, please list below:

- 1. Name of person employed _____
 Person's employer _____
 Hourly pay \$ _____ Hours worked per week _____
- 2. Name of person employed _____
 Person's employer _____
 Hourly pay \$ _____ Hours worked per week _____
- 3. Name of person employed _____
 Person's employer _____
 Hourly pay \$ _____ Hours worked per week _____

Employment Information:

Employment status please checks one:

- Employed full-time
- Unemployed (not working, but looking for work)
- Not in labor force (not working, and not looking for work)

Work Experience: List all jobs you have had for the past 10 years, beginning with your most recent employer. If needed, attach an additional sheet of paper. Describe your duties. List tasks performed, tools used, and machines operated. Be as specific as possible.

- 1. Name of Employer: _____
 Employer Address: _____ / _____ / _____
Street or Route or Post Office Box City Zip Code
 Dates Employed: ___/___/___ to ___/___/___
 Job Title: _____
 Ending Wage: _____ per hour Number of hours worked per week _____
 Benefits _____
 Job Duties: _____
 Reason for Leaving: _____

- 2. Name of Employer: _____
 Employer Address: _____ / _____ / _____
Street or Route or Post Office Box City Zip Code
 Dates Employed: ___/___/___ to ___/___/___
 Job Title: _____
 Ending Wage: _____ per hour Number of hours worked per week _____
 Benefits _____
 Job Duties: _____
 Reason for Leaving: _____

3. Name of Employer: _____
Employer Address: _____ / _____ / _____
Street or Route or Post Office Box City Zip Code
Dates Employed: ___/___/___ to ___/___/___
Job Title: _____
Ending Wage: _____ per hour Number of hours worked per week _____
Benefits _____
Job Duties: _____
Reason for Leaving: _____

4. Name of Employer: _____
Employer Address: _____ / _____ / _____
Street or Route or Post Office Box City Zip Code
Dates Employed: ___/___/___ to ___/___/___
Job Title: _____
Ending Wage: _____ per hour Number of Hours Worked per week _____
Benefits _____
Job Duties: _____
Reason for Leaving: _____

Miscellaneous Information:

How did you hear about our program? _____
What services are you seeking from us? _____
Have you been through WIOA ? Yes No
If yes, when and what was the outcome? _____
If you are not working, what is preventing you from working? _____

How much money do you expect to be paid per hour? _____
When was the last time you applied for a job? _____
Where did you apply? _____

Do you have any personal situations that might interfere with your participation in the WIOA program? Yes No
If yes, explain _____
What do you see as your greatest strengths? _____

What do you need to improve? _____

Are you prepared to take responsibility for such issues as attendance, being on time, taking constructive criticism, following rules, etc.? Yes No

I understand the ultimate goal of all WIOA programs is education and employment. I am committed to achieving both. Yes No

Thank you very much for your cooperation in completing this form.

I certify that the information in this application is true to the best of my knowledge. I am aware that this information will be verified and that falsification of this application shall be grounds for dismissal from WIOA and may subject me to prosecution under the law. I understand the information will be used to determine eligibility, and may be released for verification and federal reporting purposes.

Signature

Date: