

- To help us learn about your experiences, abilities, and interests, please complete this
 form as thoroughly and accurately as possible. All information is confidential and will
 be given out only with your written permission. Report any changes that occur in this
 information to the Career Specialist.
- Please print clearly in blue or black ink.
- If a question does not apply to you, write "NA" (not applicable).

Participant Information:					
Full Name://////					
	Last				
Mailing Address:	/		/		
Mailing Address: Street or Route or Pos	t Office Box	City	Zip Code		
Home Address (if different from above)	:				
Phone Number: () Be	 eper or Cellular	Number: ()			
E-mail address:					
E-mail address: Date of Birth: Month Day Year Ag	je: Sex:	Male Fer	nale		
Race:	Social Secur	ity Number:	_		
Do you have a copy of your Social Sec	urity card?	Yes □ No			
Are you a US citizen? Yes No					
Are you a foster child? Yes					
List at least two people who do not liv	e with you but	will always know v	vhere you are		
living:					
1. Name:	2. Name:_				
Address:	Addres	s:			
Phone: ()	 Phone	: ()			
Relationship:	Relatio	nship:			
Harraina Informations					
Housing Information:					
Are you homeless? Yes No Do plan to move in the next six months move?	? 🗌 Yes 🗀				

Family Information:					
Family Status (check one): Child in a one-parent family Child in a two-parent family Other family member (not a parent, living with relatives or friend) Single parent					
			You are single and p ☐ Yes ☐ No	rovide so	ole support for at least
	ars of age		years old Ove		
Name	How Related?	Age	School Attending	Grade	Needs (child care, etc.
Certain jobs often have requirements about hiring individuals with arrest records and convictions. Having an arrest record does not disqualify you from obtaining employment. Please answer the following questions so that you and the WIOA staff can discuss how to handle employer's questions: Do you have any current legal problems?					
Name:Firs	who can be conta / t M.I.	/L	n case of emergency Phon		
Relationship:	Relationship:				()
Who is your family doctor? Phone: () If you receive Medicaid, what is your Medicaid Number?					
If you receive Medicaid, what is your Medicaid Number? Are you under the care of a doctor? Yes No					

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)? Please describe the limitation(s) in detail:	
Do you currently have any personal or emotio If yes, what are they?	
Have you sought assistance for alcohol or drulf yes, where? Are you getting help now? Yes No If so, when was your last appointment? Will you agree to receive help from WIOA staf personal concerns that could influence particip No	ff and/or be referred to other agencies for any
Education Information:	
Indicate all levels completed:	Location Completion Date
High School Diploma/ GED Vocational school diploma or certificate	
If you did not complete high school, indicate the	he last grade completed:
Are you currently enrolled in school? No Yes, full-time Yes, where?	
If you are not currently in school, do you want ☐ Yes, full-time	to go back to school or get your GED?
Are you willing to attend classes, if needed, to Yes No If no, what would prevent you from taking class	

Financial Information: Does your family received Food Stamps, SSI, or TANF? Tyes No If anyone in your household, other than you, worked during the last six months, please list below: Name of person employed Person's employer_____ Hours worked per week Hourly pay \$ ____ 2. Name of person employed_____ Person's employer_____ Hours worked per week Hourly pay \$ _____ 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 Dates Employed: ___/___ to ___/___/ Job Title: _____ Ending Wage: ____ per hour Number of hours worked per week ____ Benefits ____ Job Duties: ____ Reason for Leaving: Dates Employed: ___/__ to ___/___ Job Title: _____ 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	/ /	Oity	2.0 0000
	Joh Titlo:				
	Ending Wage:	_ per hour	Number of hours v	vorked per week	
	Benefits				
	Job Duties:				
	Reason for Leaving	:			
4.	Name of Employer:				
	Name of Employer: Employer Address:		1		
	, . ,	Street or Route	e or Post Office Box	City	Zip Code
	Dates Employed:	// to	/		
	Job Title:				
	Job Title: Ending Wage:	_ per hour	Number of Hours \	Norked per week	(
	Benefits				
	Job Duties:				
	Reason for Leaving	:			
Mico	ellaneous Inform	ation:			
IVIISC	enaneous miorii	iation.			
How o	lid you hear about ou	ır program?			
	services are you see				
	you been through W				
	when and what was				
If you	are not working, wha	at is preventir	g you from working	?	
How n	nuch money do you	expect to be p	paid per hour?		
When	was the last time yo	u applied for	a job?		
vvnere	e did you apply?				· · · · · · · · · · · · · · · · · · ·
Do νο	u have any personal	situations the	at might interfere wit	th your participati	ion in the
	program? Yes	□ No	at might interiore with	ir your participati	
	explain				
	do you see as your g	reatest stren	aths?		
			9		
What	do you need to impro	ove?			
۸		: l= :1:4, , ,		44 a m al a m a a	
	ou prepared to take re				on time,
ıakıng	constructive criticism	ii, ioliowing ru	iles, etc. f tes	∐ No	
Lunde	rstand the ultimate g	oal of all WIC	A programs is edu	cation and emplo	vment Lam
	itted to achieving bo			zazon ana ompio	, .

am aware that this information will shall be grounds for dismissal from	application is true to the best of my knowledge. I be verified and that falsification of this application in WIOA and may subject me to prosecution under on will be used to determine eligibility, and may be I reporting purposes.
Signature	Date:

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