

GAP/PACE/WIA Application



SSN _____

Last name _____ First name _____ Middle initial _____

Mailing address

Street Address/PO Box _____

City _____ State _____ Zip Code _____

County of residence _____

Home phone _____

Work phone _____

Emergency contact _____

Date of Birth _____

Will you relocate for work? Yes No

- Indicate the source of referral:
- | | |
|---|--|
| <input type="checkbox"/> Iowa Valley Community College District | <input type="checkbox"/> Edventure |
| <input type="checkbox"/> GAP/PACE | <input type="checkbox"/> Newspaper Ad/ Website |
| <input type="checkbox"/> Workforce Investment Act | <input type="checkbox"/> AARP |
| <input type="checkbox"/> IowaWorks | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Promise Jobs | <input type="checkbox"/> Other: _____ |

- Which ethnic group(s) do you consider yourself : (select one or more)
- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Hawaiian/Other Pacific Islander | <input type="checkbox"/> Hispanic/Latino |

Citizenship

- Are you a citizen of the United States? Yes No
If no, what is your INS Alien Number? _____
If, no, are you authorized for employment? Yes No
Are you registered for selective service (if male, 18 years or older) Yes No

Veteran Information

- Are you a veteran, current, or former member of the U.S. Armed Forces? Yes No
Are you a spouse or a child of a veteran? Yes No

Household Members: list everyone living in the same dwelling as you, or that you consider part of your family

Name	Date of Birth	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

of dependents under 18 _____

Staff USE only: Family Size: _____

Public Assistance Information

Are you a member of a family receiving: Temporary Assistance to Needy Families (TANF)? Yes No
 General Assistance? Yes No
 Refugee Cash Assistance (RCA)? Yes No
 Supplemental Security Income (SSI)? Yes No
 If yes, to SSI, what type of assistance? Disability Survivor
 Food Stamps? Yes No
 Have you received Food Stamps in the last 6 months? Yes No

Income: list all sources of gross income received from all household family members

Income source	Monthly amount	Recipient	6 Month Income Received	12 month Income Received
Wage				
Wage				
Wage				
Grants/Scholarships				
Work Study				
SS Disability				
SS-Old age/Survivor				
Retirement/Pension				
Workman's Comp.				
Other – specify:				
FIP				
Food Stamps				

Educational Deficiencies

Do you have limited English proficiencies because your native language is not English? Yes No
 Are you unable to compute or solve math problems and/or read, write or speak English? Yes No

Employment Status

Which employment status describes you? Employed Unemployed

If employed, how many hours per week do you work? _____ Name & Title _____

If unemployed, what statement best describes your status? Collecting Unemployment Insurance
 Unemployment Insurance Benefits Exhausted
 Not Collecting Unemployment

Work History

Employer Name _____
 Employer Address _____
 Job Title _____
 Months Experience _____
 Hours per week _____
 Wage \$ _____ per _____
 Start Date _____
 End Date _____
 Job Duties _____
 Reason for leaving _____

Employer Name _____
 Employer Address _____
 Job Title _____
 Months Experience _____
 Hours per week _____
 Wage \$ _____ per _____
 Start Date _____
 End Date _____
 Job Duties _____
 Reason for leaving _____

Training Certificates

Have you taken the National Career Readiness Certification? Yes No
 If yes, certificate level and date received _____

Other training/Certificates? Yes No
 If yes, institution name and date received _____

Education

What statement best describes your education status?

- Current Student - High School or less
 Out-of-school (High school dropout)
 High School Graduate with NO employment difficulties
- Student attending Post High School
 Current Alternative School Student
 How many years of education have you completed? ____ Last full grade? ____

School(s) Attended	Years	School(s) Attended	Years
_____	_____	_____	_____
_____	_____	_____	_____

Current School Attending _____

Do you plan to attend school? Yes No If yes, what date do you plan to start? _____

Barrier Information

Are you or have you been in any stage of the criminal justice process? Yes No
If yes, describe the legal problem _____

Do you have any felony or misdemeanor arrests or convictions? Yes No
If yes, provide details regarding arrests & convictions _____

Are you under any court order? Yes No
If yes, describe the court order _____

Check all that apply:

<input type="checkbox"/> Homeless	<input type="checkbox"/> High School Dropout
<input type="checkbox"/> Foster Child	<input type="checkbox"/> Pregnant or Parenting
<input type="checkbox"/> Runaway Youth	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Offender (youth or adult)	<input type="checkbox"/> Basic Skills Deficient
<input type="checkbox"/> Poor Work History (includes lack of significant work history)	<input type="checkbox"/> Lacking Occupation Goals & Skills
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> High School Graduate with Employment Difficulties	<input type="checkbox"/> Refugee
<input type="checkbox"/> Migrant Youth	<input type="checkbox"/> Native American
<input type="checkbox"/> Family Illiteracy Problems	
<input type="checkbox"/> Local Barriers	
<input type="checkbox"/> One or more grade level below appropriate age	
<input type="checkbox"/> Disabled	
<input type="checkbox"/> Chronic Health Conditions including Disabilities	

Signatures

I certify that the information I have provided on this application is true to the best of my knowledge. I am also aware that the information I have provided may be reviewed and verified, and that I may have to provide documents to support this information. I allow release of this information for documentation purposes.

Further, I understand that this information will be used to determine my eligibility for programs. I am aware that I am subject to immediate termination and that I may be prosecuted for fraud and/or perjury if I am found ineligible after enrollment. Also, I authorize the use of my Social Security Number as an identifier for program administrative purposes.

Applicant Signature

Date

If dependent or minor: Parent Legal Guardian

Parent/Legal Guardian of the above applicant: I certify by my signature below that the information provided is correct to the best of my knowledge and that, if accepted; my dependent may participate in the program.

Parent/Legal Guardian Signature

Date

Representative Signature

Date