

## Application for Employment & Training Services

Revised 12.21.2021

### Applicant Information

First Name/Middle Initial/Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Address / P. O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Primary Phone (Cell): \_\_\_\_\_ Secondary Phone (Home): \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person (who does not live with you): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The United States Department of Labor requires that we advise you of the following regarding this request for your Social Security Number. We are authorized to collect your SSN by the Workforce Innovation and Opportunity Act of 2014. Your SSN will be used to collect quarterly wage to assess outcomes of the program. Your disclosure of your SSN is voluntary. We cannot deny you access to all services if the SSN is not provided, but we must verify your eligibility to work in the United States in order to provide some services.

I do not wish to provide my Social Security Number at this time.

### Please check those that apply to you (used for equal opportunity purposes only)

Male  Female  Unknown/Undisclosed

Hispanic or Latino  White  American Indian/Alaskan Native  Asian  Black/African American

Native Hawaiian or Pacific Islander  Unknown/Undisclosed  Other \_\_\_\_\_

At risk of homelessness  Homeless  Runaway

Veteran: Active Duty from \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

Other Eligible Veteran  Spouse of a Veteran  Spouse of a Deployed Veteran

Veteran Status:  <180 days  Yes, eligible  Yes, other  No TAP Workshop in prior 3 years  Yes  No  No response

Limited English Proficiency  Limited English reading ability  Primary Language, if other than English: \_\_\_\_\_

English Language Learner  Limited English speaking ability \_\_\_\_\_

### Check Yes or No

Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you registered with Selective Service (only if male, over 18, and born after 12/31/59)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been incarcerated within the last 6 months? Date released: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a vehicle to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a migrant/seasonal farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a foster child receiving government support? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a displaced homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you in foster care but have recently aged out of the system? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Currently Receiving	Received in the past 6 months	Currently receiving
FoodShare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No
FSET (FoodShare employment program)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Free/Reduced lunch (applicant, not child) <input type="checkbox"/> Yes <input type="checkbox"/> No
State or local income-based assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Insurance* <input type="checkbox"/> Yes <input type="checkbox"/> No
W2/ TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trade Adjustment Assistance (TAA) <input type="checkbox"/> Yes <input type="checkbox"/> No
If on W2/TANF, are you within 2 years of exhausting lifetime eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Pensions, retirement, or severance <input type="checkbox"/> Yes <input type="checkbox"/> No
			Other Support: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

\*Unemployment Insurance:  UI Claimant  Exhaustee  Neither UI claimant nor exhaustee  UI but exempt from work search

**IMPORTANT!** There are documents that contain important information about WIOA training services; how to apply for training services; and your rights, responsibilities and/or benefits. It is critical that you understand the information in these documents. You can receive telephone translation assistance of all documents by calling (262) 695-7800 at no cost to you.

**¡IMPORTANTE!** Hay documentos que contienen información importante acerca de los servicios de capacitación de WIOA, cómo solicitar servicios de capacitación, sus derechos, responsabilidades y / o beneficios. Es fundamental que entienda la información de estos documentos. Usted puede recibir asistencia de traducción telefónica de todos los documentos por calling (262) 695-7800 sin costo alguno para usted.

**TSEEM CEEB!** Muaj cov ntaub ntawv uas muaj cov ntaub ntawv tseem ceeb txog WIOA cov kev pabcuam kev cob qhia; yuav ua li cas thov rau kev pabcuam kev cob qhia; thiab koj cov cai, lub luag haujlwm thiab / lssis cov txiaj ntsig. Nws yog ib qho tseem ceeb uas koj nkag siab cov ntaub ntawv hauv cov ntaub ntawv no. Koj tuaj yeem tau txais kev pab txhais lus hauv xov tooj ntawm txhua cov ntaub ntawv los ntawm kev hu rau (262) 695-7800 yam tsis tau them nqi rau koj.



# FORWARD CAREERS

DEVELOPING A THRIVING WORKFORCE

## Household Members and Household Income

Name	Relationship	Age	Current hourly , weekly or monthly income	# of weeks employed during last 26 weeks (immediate family only)
	self			

Did all of the people live with you the entire 26 weeks?  Yes  No

Did your family financially support you during the last 26 weeks?  Yes  No

## Education Status

Currently in school?  Yes  No

Is this an alternative school?  Yes  No

Indicate the highest grade you have completed in school (0-18): \_\_\_\_\_

Highest degree earned:  GED/HSED  High School Diploma  AA  BA or BS  MA or MS  Ph.D.

Attained Certificate of Attendance/Completion:  Yes  No

Attained Other Post-Secondary Degree/Certificate:  Yes  No

Are you currently taking courses beyond high school?  Yes  No- Last Date in School \_\_\_\_\_

## Work History (beginning with current or most recent employer)

### Employer 1:

Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

O\*NET Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_\_

Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Employer 2:

Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

O\*NET Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_\_

Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Employer 3:

Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

O\*NET Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_\_

Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Employer 4:

Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

O\*NET Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_\_

Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Which services are you interested in? You may select more than one.

- Apprenticeship  GED/HSED  Internship  Job Search Assistance  On-the-Job Training  Education/Skills Training  
 Work Experience **Supportive Services:**  Childcare/Transportation  Tuition/Books  Other \_\_\_\_\_

What type of position or training program are you interested in? \_\_\_\_\_

The information provided in this application process is true to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Application Supplement / Youth Self-Attestation - Confidential**

Revised 12.21.2021

**Applicant Name:** \_\_\_\_\_

This information will remain confidential and will only be used in determining eligibility for services and for equal opportunity records. For the WIOA Youth Program this form is used to record an individual's self-attestations that they meet the eligibility criteria. Storage of this document must align with [WIOA Title 1 Policy & Procedure Manual, Chapter 5.7](#). This document must be sealed and stored in a separate location.

Additional Applicant Information			
• Are you pregnant or parenting? <input type="checkbox"/> Yes <input type="checkbox"/> No	• Are you a single parent, including single & pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
• Are you a non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	• Are you affected by substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
• Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Undisclosed			
• If yes, please indicate type of disability (check all that apply): <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric <input type="checkbox"/> Vision Related <input type="checkbox"/> Hearing Related <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive Impairment			
Complete only if you answered "yes" to "Do you have a disability?"			
Received services from a State Development Disabilities Agency (SDDA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Received services from a Home & Community Based Service Provider under a State Medicaid Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you referred to workforce services by Disability Resource Coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Received services from a State or Local Mental Health Agency (LSMHA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Received services from Vocational Rehabilitation (DVR)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Disability Work Setting:	<input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Not Employed <input type="checkbox"/> Group Supported Employment	<input type="checkbox"/> Competitive Integrated employment <input type="checkbox"/> Individual supported employment	<input type="checkbox"/> Combination of two or more settings <input type="checkbox"/> Unknown
Type of customized employment services received:	<input type="checkbox"/> Discovery assessment services <input type="checkbox"/> Employer negotiation services <input type="checkbox"/> Unknown	<input type="checkbox"/> Developed a customized employment search plan <input type="checkbox"/> No CES services	<input type="checkbox"/> Secured employment as a result of receiving customized employment services and received extended support services
Received disability financial capacity:	<input type="checkbox"/> Benefit planning services <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Financial capability/asset development services	<input type="checkbox"/> Benefit planning services and financial capability/asset development services
	<b>Currently Receiving</b>	<b>Received in the past 6 months</b>	
Social Security Disability Insurance (SSDI):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SSI (Supplemental Security Insurance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Insurance Ticket to Work Holder:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> I attest that all information provided on this document is true and accurate to the best of my knowledge. I understand that providing false information could lead to my immediate removal from the WIOA program.			
<input type="checkbox"/> If enrolling in the WIOA Youth program, I self-attest to the information provided in this form.			
<b>Applicant Signature:</b>		<b>Date:</b>	
For Youth Self-Attestation Only:			
<b>Parent/Guardian signature if Participant is under 18:</b>		<b>Date:</b>	
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If you are submitting this application electronically, use the buttons below to save the application to your computer and then submit to [forwardcareers@wctc.edu](mailto:forwardcareers@wctc.edu). Ensure application is submitted in PDF (no other formats are accepted).

**Save Application:**

**Submit Application:**

