



This is a Workforce Investment Act Application
and is not used for hiring purposes.

PLEASE PRINT CLEARLY

Last Name <input style="width:95%;" type="text"/> First Name <input style="width:95%;" type="text"/> Middle Initial <input style="width:95%;" type="text"/> Enter Street Address below: Street Address <input style="width:95%;" type="text"/> City / State / Zip <input style="width:95%;" type="text"/> Home Phone # <input style="width:95%;" type="text"/> Cell Phone # <input style="width:95%;" type="text"/>	Social Security # <input style="width:95%;" type="text"/> Date of Birth <input style="width:95%;" type="text"/> Age: <input style="width:10%;" type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Enter mailing address below, if different: Mailing Address <input style="width:95%;" type="text"/> City / State / Zip <input style="width:95%;" type="text"/> Message Phone # <input style="width:95%;" type="text"/> Email Address <input style="width:95%;" type="text"/>
What has been your "usual" (longest continuous) occupation in the last 5 years? _____	

Yes No Are you a US Citizen?

If no, please provide Alien Documentation #: _____

Ethnicity (You may choose more than one)	Military Service
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American Indian Asian Indian Alaskan Native
 Black Cambodian Chinese Filipino Guamanian
 Hawaiian Hispanic Japanese Korean Laotian
 Other Asian/Pacific Islanders Other Asian Samoan
 Vietnamese White Other

Yes No Have you ever served in the Military?
 Separation date: _____
 Yes No Did you serve more than 180 days?
 Yes No Are you a Campaign Vet?
 Yes No Are you a Disabled Vet?
 Yes No Are you the spouse of a Veteran?

Education	Concurrent Participation
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What is the highest grade you have completed? _____
 Do you have a HS diploma or GED? Yes No
 Are you attending school or training? Yes No
 If yes, where? _____
 Are you receiving a Pell Grant? Yes No
 If yes, please enter school year award amount: \$ _____
 If no, circle current status: Applied but denied; Application pending; App not submitted

Are you enrolled with or receiving services from any of the following?
 Adult Ed Job Corps Farmworker Prgm Native American Prgm
 Vets WIA Prgm Vets DVOP / LVER Prgm Trade Adjustment Act
 NAFTA-TAA Voc Ed. Voc Rehab Wagner-Peyser WtW
 Title V Community Service Block Grant HUD Other Non-WIA
 Rapid Response Rapid Response- Additional Activities TANF
 Food Stamps Training Prgm **Other:** SSI Food Stamps GA RCA

Employment Status	Household Size / Income
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Are you currently employed? Yes No
 Have you recently been laid off / terminated, or received a notice of layoff from employment? Yes No
 If yes, was this a permanent business closure? Yes No
 Are you eligible for or receiving Unemployment Insurance (UI)? Yes No
 Have you exhausted your UI? Yes No
 Within the last year, have you been with an employer for more than 3 consecutive months? Yes No
 Were you self-employed and recently lost your business due to general economic conditions? Yes No
 Were you recently divorced, separated, or widowed from your sole source of support? Yes No

Total number in Family (anyone, including yourself, living at home related by blood, marriage or decree of court) _____; **Number of children** (under 18) _____;
Family Status: Parent in 1 parent family Parent in 2 parent family;
 Other family member; Not a family member; Not reported
Total Family Income for the previous 6 months: \$ _____

Voluntary Information - For statistical purposes only:

Yes No Are you disabled? If yes, limitations: _____
 Yes No Have you been in an alcohol/substance abuse treatment program in the past 6 months?
 Yes No Do you have a felony or misdemeanor arrest or conviction record?

(Please turn over and complete on the back)

Current or Last Job

Company Name: _____
 Street Address: _____
 City / State / Zip: _____
 Contact: _____
 Telephone: _____

month / day / year

Start Date: ____ / ____ / ____
 End Date: ____ / ____ / ____
 Hourly Wage: _____
 Weekly Hours: _____
 Job Title: _____

Office Use Only: *DW qualifying criteria* Current or Last job listed is a **STOP GAP JOB** Last job listed is the **JOB OF DISLOCATION**

I am related to the following employee(s) who work for the Smart Business Resource Center:

Name(s) _____ Relationship(s) _____

[Initial] _____ I certify that I have received a copy of the **Equal Opportunity/Nondiscrimination** and the **Program Grievance** Policy and Complaint Resolution Procedure. I understand my rights and the process for filing a EO or Program complaint.

[Initial] _____ I understand that for employment and/or training purposes, information provided by me on this application, and throughout my program participation, may be shared with appropriate organizations on an as-needed basis, and as allowed by law, including but not limited to EDD, Department of Social Services, Department of Rehabilitation, and other Public/Private entities, including employers. I understand that my information will be kept strictly confidential by these entities. To better serve my needs, I approve the release of information.

My signature indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Applicant Signature: _____ Printed Name: _____

Signature of Parent or Guardian (if under 18 years of age): _____

Office Use Only:

Interviewer: _____ ID#: _____ Date: ____/____/____

Reviewer: _____ ID#: _____ Date: ____/____/____

Right to Work: List A _____ or, List B & C _____;

Selective Service Status: Yes, Registered No, Not Registered Exempt Not Required

WIA Program Eligibility: Adult Adult, Low Income Dislocated Youth (In-School) Youth (Out-of-School) Youth 5% Window

WIA App # _____ MIS Entered

EO/Nondiscrimination & Program Grievance form in file / Staff Initial: _____