



# WORKFORCE INNOVATION AND OPPORTUNITY ACT APPLICATION

(This application will NOT be used for hiring purposes)



## PLEASE PRINT CLEARLY

Last Name:   
 First Name:   
 Soc Sec #:

Date of Birth:   
 Age:   
 Gender:  Female  Male

Street Address:   
 City/State/Zip:   
 Home Phone:   
 Cell Phone:

Mailing Address:   
 City/State/Zip:   
 Message Phone:   
 Email:

### General Information

Are you a:  Citizen of the U.S. or U.S. Territory  
 U.S. Permanent Resident (*Alien/USCIS #:* \_\_\_\_\_)  
 Alien/Refugee Lawfully Admitted to the U.S. (*Alien/USCIS #:* \_\_\_\_\_)  
 None of the Above

Are you registered with Selective Service?  Yes  No

Ethnicity (you may choose more than one):  
 African American/Black  American Indian/Alaskan Native  Asian  
 Hawaiian/Other Pacific Islander  Hispanic  White  
 Other \_\_\_\_\_  I do not wish to answer

### Transitioning Service Member/Veteran Information

Are you a Transitioning Service Member?  Yes  No  
 If Yes, are you:  Within 24 months of retirement  Within 12 months of discharge  
 If Yes, what is your projected discharge date: \_\_\_\_\_

Are you the spouse of a member of the armed forces who is on active duty?  Yes  No

Are you a veteran?  Yes  No  
 If Yes, did you serve:  Less than 180 days  More than 180 days  
 If Yes, did you serve more than one (1) tour of duty?  Yes  No  
 Date first military service began: \_\_\_\_\_  
 Date first military service ended: \_\_\_\_\_

Are you a Homeless Veteran?  Yes  No  
 If Yes, are you enrolled in a Homeless Veteran's Reintegration program?  Yes  No

### Employment Information

Are you:  Employed  
 Employed, but I have received a notice of termination or military separation  
 Unemployed

If you are currently unemployed or employed but have received a notice of termination, was it due to a closure of the business or an entire department closure within the business?  Yes  No

Were you self-employed and recently closed your business due to general economic conditions?  Yes  No

Are you participating in a Registered Apprenticeship program?  Yes  No

Are you eligible for or receiving Unemployment Insurance (UI) benefits?  Yes  No

If Yes, have you been exempted from work search requirements by EDD?  Yes  No

If No, have you exhausted your Unemployment Insurance (UI) benefits?  Yes  No

Looking back from today, have you worked at all for pay in the previous 27 weeks?  Yes  No

What has been your **usual** (longest continuous) occupation over the past five years? \_\_\_\_\_

**Current or Most Recent Job:**

Company Name:		Start Date:	/ /
Street Address:		End Date:	/ /
City/State/Zip:		Hourly Wage:	
Contact:		Weekly Hours:	
Telephone #:		Job Title:	

Reason for leaving: \_\_\_\_\_

(Office Use Only:  Job listed above is a STOP GAP JOB  Job listed above is the JOB OF DISLOCATION)

**Education**

What is the highest grade you have completed? \_\_\_\_\_

Do you have a high school diploma, GED or equivalent?  Yes  No

If No, and you are under 18, what is the last date you attended secondary school? \_\_\_\_\_

Do you have a post-secondary degree or certificate?  Yes  No

If Yes, describe degree/certificate \_\_\_\_\_

Are you currently attending school or training?  Yes  No

If Yes, where? \_\_\_\_\_

**Services**

Are you currently receiving services from any of the following?

Adult Education (WIOA Title II)?  Yes  No

YouthBuild?  Yes  No

Jobs Corps?  Yes  No

Carl Perkins Program (Voc Ed)?  Yes  No

TANF?  Yes  No

If Yes, are you the:  Applicant  Family Member

General Assistance (GA)?  Yes  No

If Yes, are you the:  Applicant  Family Member

SNAP (Supplemental Assistance Nutrition Program)?  Yes  No

Refugee Cash Assistance Program (RCA)?  Yes  No

If Yes, are you the:  Applicant  Family Member

Are you receiving any services under the SNAP Employment and Training Program?  Yes  No

Are you receiving or have been notified you will be receiving, a Pell Grant?  Yes  No

If Yes, enter the award amount for the school year, if known: \_\_\_\_\_

Are you receiving services in the National Farmworker Jobs Program?  Yes  No

### Additional Information Related to Eligibility for the WIOA Program

Is English your native language?  Yes  No

What is your preferred language? \_\_\_\_\_

Are you Homeless?  Yes  No

Are you currently in the foster care system?  Yes  No

Have you aged out of the foster care system?  Yes  No

Do you have a felony or misdemeanor arrest or conviction?  Yes  No

(You will not automatically be denied services because you answered "Yes" to this question.)

Are you under 25 years of age and providing care for one or more children?  Yes  No

Have you recently lost your sole source of financial support due to a divorce, separation or widowhood?  Yes  No

If you receive TANF, are you within 2 years of exhausting your TANF lifetime eligibility?  Yes  No

Are you a single parent?  Yes  No

### Household Size and Income Information

What is the total number of family members living in your residence (anyone, including yourself, living at home and related by blood, marriage, or decree of court)? \_\_\_\_\_

Number of dependent children in family under 18: \_\_\_\_\_

Total Estimated Family Income for the previous six (6) months: \$ \_\_\_\_\_

### Certifications and Signatures

[Initial] \_\_\_\_\_ I certify that I have received a copy of the **Equal Opportunity is the Law** and **Program Grievance and Complaint Resolution Procedures** statements. I understand my rights and the process for filing an Equal Opportunity or Program Grievance 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, the Employment Development Department, the Department of Social Services, the Department of Rehabilitation, and other public and private entities, including potential employers. I understand my information will be kept strictly confidential by these entities. To better serve my needs, I approve the release of this information.

My signature indicates that I have been informed of and understand the information contained on this application. I certify under penalty of perjury that all of the above information is true and complete to the best of my knowledge. I understand and agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds

for the termination of services under the Workforce Innovation and Opportunity Act program and may result in action to recover any monies paid to me while participating.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Parent or Guardian if applicant is under 18 years of age: \_\_\_\_\_

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

Office Use Only:	
<b>Interviewer:</b> _____	Initials: _____ Date: _____
<b>Reviewer:</b> _____	Initials: _____ Date: _____
Right to Work: _____ / _____	Age Verification: _____
Selective Service Status: <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered <input type="checkbox"/> Exempt <input type="checkbox"/> Not Required	
WIOA Program Eligibility: <input type="checkbox"/> Adult <input type="checkbox"/> Adult, Low Income <input type="checkbox"/> Dislocated Worker	
<input type="checkbox"/> Youth (IS) <input type="checkbox"/> Youth (OS) <input type="checkbox"/> Youth (5% Window)	
<input type="checkbox"/> Special Project _____ <input type="checkbox"/> Special Project _____	
WIOA Application #: _____	EO/Program Grievance Forms in file/Staff Initial: _____
<input type="checkbox"/> <b>Entered in CalJOBS</b>	

**Information Related to Medical/Disability Status**

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

*We are required by law to collect and maintain medical and disability status information separately from our routine data collection process. We collect the following information to ensure we explore all possible sources of funding to meet your employment and training needs.*

Are you pregnant?  Yes  No

Do you have a disability?  Yes  No

If Yes, briefly describe your employment-related limitations: \_\_\_\_\_

Have you received services from the Veteran's Vocational Rehabilitation and Employment program, often referred to as the Chapter 31 program?  Yes  No

Are you currently receiving SSI (Supplemental Security Income)?  Yes  No

If Yes, are you the:  Applicant  Family Member

Are you currently receiving/have received in the last six months SSDI (Social Security Disability Insurance)?  Yes  No

Are you currently a Ticket-to-Work holder issued by the Social Security Administration?  Yes  No

*My signature indicates that I have been informed of and understand the information contained on this page. I certify under penalty of perjury that all of the above information is true and complete to the best of my knowledge. I understand and agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for the termination of services under the Workforce Innovation and Opportunity Act program and may result in action to recover any monies paid to me while participating.*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Parent or Guardian if applicant is under 18 years of age: \_\_\_\_\_

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