



WORKFORCE INNOVATION AND OPPORTUNITY ACT PRE-REGISTRATION

FOR OFFICE USE ONLY

Instructions: Fill out completely with ink and please print clearly. Failure to complete will result in rescheduling of appointment

IDENTIFYING INFORMATION		APPLICATION DATE:
Last Name:	First Name:	M.I.
Date of Birth:	SSN:	
Mailing Address:		
City:	State:	ZIP Code:
Residence Address:		
City:	State:	ZIP Code:
Best Contact Phone () If no home phone, list a message number (person not living with you) below		
Message Phone ()		
Email Address:		
CONTACT INFORMATION		
List two back-up contact phone numbers with address, city, state and zip code. Contact may be someone living or not living with you -		
Name:	Phone:	Relationship:
Address:	City:	State/Zip Code:
Name:	Phone:	Relationship:
Address:	City:	State/Zip Code:
EDUCATION INFORMATION		
Highest Grade Completed: _____ <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Certificate <input type="checkbox"/> 2-Year Degree <input type="checkbox"/> 4-Year Degree		
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade are you in right now? _____		
List the name of the school & program you are attending, graduated or obtained certificate from:		
CHARACTERISTICS		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran? <input type="checkbox"/>Yes <input type="checkbox"/>No		
If male, are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FACTORS THAT MAY SIGNIFICANTLY IMPACT EMPLOYMENT		
Are you a pregnant or parenting teen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a foster child? <input type="checkbox"/>Yes <input type="checkbox"/>No		
Does your family currently receive cash welfare? (SSI and/or TANF)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not receiving, have you been determined <i>eligible to receive</i> SNAP benefits in the last 26 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently homeless or residing in a homeless shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special consideration may be given to an applicant with disabilities. If you wish to apply as a person with a disability, please answer: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a physical (motion, vision, hearing, etc.) or mental (including learning or developmental) impairment which substantially limits one or more of your major life activities?		
Have you ever been subject to the juvenile or adult justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If between ages 19-24, are you no longer attending any school and have not received a secondary school diploma or recognized equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If between the ages of compulsory school attendance (6 – 18), have you attended school within the last full quarter (3 months)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, what was your last day of attendance?		



WORKFORCE INNOVATION AND OPPORTUNITY ACT PRE-REGISTRATION

FOR OFFICE USE ONLY

FAMILY INCOME INFORMATION (ONLY IF THE FACTORS ABOVE DO NOT APPLY TO YOU)

List all family members and the income received by each member during the past 26 weeks.

FAMILY – Is defined as two or more persons related by blood, marriage or decree of court, who are living in a single residence and are (1) a husband, wife and dependent children OR (2) a parent or guardian and dependent children, OR (3) a husband and wife. Include yourself below please:

Family Relationship	Last Name, First Name	Age	Income	Income Source
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DISLOCATED WORKER

Yes No Are you currently unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment?

Yes No Have you lost a job due to an employer lay-off/going out of business or have you had to close down your self-employed business due to economic conditions?

Yes No Are you an individual who had been providing unpaid services to family members in your home; were dependent on the income of a family member and no longer supported by that income?

WORK HISTORY – LIST MOST RECENT JOB FIRST; EMPLOYED

CHECK BOX IF NEVER BEEN

Employer:	Job Title:	Contact:
Address:	Job Duties:	Phone:
City:	State/Zip:	Wage or Salary:
Date Started Employment:	Date Employment Finished:	Avg Hours/Week:
Reason for Leaving:		
Employer:	Job Title:	Contact:
Address:	Job Duties:	Phone:
City:	State/Zip:	Wage or Salary:
Date Started Employment:	Date Employment Finished:	Avg Hours/Week:
Reason for Leaving:		



WORKFORCE INNOVATION AND OPPORTUNITY ACT PRE-REGISTRATION

FOR OFFICE USE ONLY

I certify that the information provide is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that the information I provided will be used to determine eligibility and that I may be required to document the accuracy of the information and that the information is subject to external verification and may be released for such purposes. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment as a result of falsifying information on a C2 documents and may be prosecuted for fraud and perjury.

CONSENT TO RELEASE INFORMATION – I hereby consent to the release of any and all information by the WIOA Staff to include any test results, employment, income, family, labor market or any other information I have provided on this application. I further authorize the WIOA Staff to obtain information concerning my status from the following: Employers, Social Security Administration, Vocational Rehabilitation, Training Institutions, Health & Human Services, C2 Global Personnel Services, and ISD’s.

SOCIAL SECURITY NUMBER – To participate in programs under the Workforce Innovation and Opportunity Act (WIOA), disclosure of my Social Security Number is voluntary. However, disclosure is required for Standardized Program Information (SPIR) and employment purposes during and/or after WIOA training. Failure to disclose my Social Security Number may delay processing of information relating to my participation in program activities.

I understand the above statements and I am disclosing my Social Security Number voluntarily. SSN: _____

DISCLAIMER – I understand that this application does not necessarily entitle me to receive WIOA services. I agree to come in voluntarily for further assessment, testing, etc. as designated by the application process.

Signature of applicant: _____ Date: _____

Signature of Parent or Guardian
(If Applicant is under 18 years of age): _____ Date: _____

This form is to be signed by the date of your eligibility appointment.