

WORKFORCE INVESTMENT ACT (WIA) CUSTOMER PRE-APPLICATION INFORMATION

This is not an official application for WIA services. It will be used to provide information specific to the formal application process for WIA services.

This information is for internal use only.

SERVICES AVAILABE TO THOSE WITH SPECIAL NEEDS. AN EQUAL OPPORTUNITY EMPLOYER

Date _____

SSN _____

Date of Birth _____

Name _____

Home Phone _____ Message Phone _____

Mailing Address _____ City _____ St _____ Zip _____

Residence Address _____ City _____ St _____ Zip _____

ETHNIC GROUP

Black (Not Hispanic) White (Not Hispanic) Hispanic American Indian/Alaskan Native Asian/Pacific Islander

CITIZENSHIP

U S Citizen Permanent Resident Alien Other Eligible Non-Citizen _____

EDUCATION

__ High School Diploma __ GED __ Associate Degree __ Bachelor Degree __ Other _____

Are you currently attending school/training? No Yes

If yes, where and what program? _____

MILITARY SERVICE

Have you served in United States Military? No Yes Entry Date _____

Exit Date _____

Are you currently in the Guard or Reserve No Yes

EMPLOYMENT INFORMATION

Are you currently employed No Reason _____

Yes Employer _____

Is your spouse employed No Reason _____

Yes Employer _____

Are you receiving Unemployment Insurance Benefits No Yes

EMPLOYMENT HISTORY
PLEASE LIST EMPLOYMENT STARTING WITH MOST RECENT

Start Date (MMDDYY) _____ End Date (MMDDYY) _____

Employer Name _____

City _____ St _____ Zip _____

Phone Number _____ Job Title _____

Salary/Wage _____ Per Hour Week Month Status: Full time Part time Hours Worked Per Week _____

Separation Status Still Employed Layoff/Permanent Quit Discharged Layoff/Temporary

Start Date (MMDDYY) _____ End Date (MMDDYY) _____

Employer Name _____

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CONTACT INFORMATION

Please list the following information on four people not living with you who can always contact you, should we need to reach you.

Name _____ Relationship _____

Address _____ Phone _____

City _____ St _____ Zip _____

Name _____ Relationship _____

Address _____ Phone _____

City _____ St _____ Zip _____

Name _____ Relationship _____

Address _____ Phone _____

City _____ St _____ Zip _____

Name _____ Relationship _____

Address _____ Phone _____

City _____ St _____ Zip _____

HOUSEHOLD AND INCOME INFORMATION

Marital Status Single Married Separated Divorced Other _____

Housing Own Rent Living with Relative Living with Friend Other _____

Dependents Under 18 _____ Total Number in Household _____

Head of Household No Yes

Monthly Total Gross Household Income _____

HOUSEHOLD AND INCOME INFORMATION
(continued)

Please list all those, including you, living in the household.

	Name	Relationship	Age	Occupation
1.	_____	Self	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

If you or anyone living in the Household are receiving or have received any of the following within the past 6 months, please check as appropriate and indicate the monthly amount, date income receipt began, date income receipt ended (if applicable) and who received the income.

	Monthly Amount	Date Began	Date Ended	Recipient
<input type="checkbox"/> Wages (Gross Amount)	_____	_____	_____	_____
<input type="checkbox"/> Active Duty Income	_____	_____	_____	_____
<input type="checkbox"/> Workers Comp	_____	_____	_____	_____
<input type="checkbox"/> Retirement	_____	_____	_____	_____
<input type="checkbox"/> Soc Security Retirement	_____	_____	_____	_____
<input type="checkbox"/> Soc Sec Survivor Benefits	_____	_____	_____	_____
<input type="checkbox"/> TANF	_____	_____	_____	_____
<input type="checkbox"/> Food Stamps	_____	_____	_____	_____
<input type="checkbox"/> SSI	_____	_____	_____	_____
<input type="checkbox"/> Unemployment Insurance	_____	_____	_____	_____
<input type="checkbox"/> Alimony	_____	_____	_____	_____
<input type="checkbox"/> Child Support	_____	_____	_____	_____
<input type="checkbox"/> Grants/Loans/Scholarships	_____	_____	_____	_____
<input type="checkbox"/> Housing Assistance	_____	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____	_____