

**APPLICATION FOR WIA SERVICES**

The information contained in this questionnaire is considered confidential in nature. Information provided will be used only to determine services most appropriate for you. Please print and answer all questions as accurately as possible. **(USE BLUE OR BLACK PEN ONLY)**

Today's date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address **(No P.O. Box):** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you homeless/ Living in Shelter/ Halfway House?  Yes  No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What is your gender?  Male  Female

**Family Status:**  Single  Married  Single Parent Number in Household: \_\_\_\_\_

Are you a citizen of the United States of America?  Yes  No

If you are not a citizen, do you have the right to work in the U.S.?  Yes  No INS # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Primary Language:** \_\_\_\_\_  Read  Write  Speak

2<sup>nd</sup> Language: \_\_\_\_\_  Read  Write  Speak

**Ethnic Group:**

White (non-Hispanic)  Black (non-Hispanic)  Hispanic  Filipino  Other Asian/Pacific Island  
 Other Asian  American Indian/Alaskan Native  Korean  Other \_\_\_\_\_

Do you or your family receive any of the following financial aid? (Please check all those that apply)

TANF  GR  FS  SSI  SSP  Unemployment Insurance  Unemployment Exhausted

Have you ever been convicted of a crime?  Yes  No Misdemeanor  Felony

Are you a veteran of the ARMED FORCES?  Yes  No

If yes, give date of separation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Selective Service Registrant:  Yes  No  N/A SSR# \_\_\_\_\_

**Education:** High School Attended: \_\_\_\_\_

School

City

Currently In School  Yes  No High School Graduate  Yes  No  GED Last Grade Completed \_\_\_\_\_

LIST COLLEGE AND/OR TRADE SCHOOL ATTENDED	DATES ATTENDED	MAJOR	DIPLOMA/DEGREE/CERTIFICATE

Do you require reasonable accommodations?  Yes  No

LIST YOUR PRESENT OR LAST JOB HELD, AND A 5-YEAR WORK HISTORY. INCLUDE ANY U.S. MILITARY EXPERIENCE, AND SELF-EMPLOYMENT.

<b>EMPLOYER'S NAME/ADDRESS/CITY/STATE</b>	<b>TELEPHONE NO.</b>	<b>FROM</b> <u>MO.</u> <u>YR.</u>	<b>TO</b> <u>MO.</u> <u>YR.</u>	<b>Reason for Leaving</b>
<b>SUPERVISOR'S NAME AND TITLE</b>	<b>MAY WE CONTACT?</b> ( )YES                      ( )NO	<b>HOURLY SALARY</b>	<b>HRS. PER WEEK</b>	
<b>JOB TITLE</b> _____				
<b>DUTIES</b> _____				
<b>EMPLOYER'S NAME /ADDRESS/CITY/STATE</b>	<b>TELEPHONE NO.</b>	<b>FROM</b> <u>MO.</u> <u>YR.</u>	<b>TO</b> <u>MO.</u> <u>YR.</u>	<b>Reason for Leaving</b>
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<b>JOB TITLE</b> _____				
<b>DUTIES</b> _____				
<b>PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT</b>				

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all 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.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date