

Please complete all pages of this application accurately. This form will help us determine your eligibility for program services. All information provided is confidential.

Name: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Date of Birth (month/day/year): \_\_\_\_\_ County: \_\_\_\_\_  
 Home/Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 ( ) Male ( ) Female Marital Status: S M D W Are you a U.S. Citizen? ( ) Yes ( ) No  
 If not a U.S. citizen, are you authorized to work in the U.S.? ( ) Yes ( ) No Work Authorization expiration date \_\_\_\_\_

Please list the name of every person living in your home at any one time within the last six months.

Household Members	Relationship to Applicant	Age	Household Members	Relationship to Applicant	Age
Applicant			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

**Household Income:** Please list gross wages for yourself and the individuals listed above for the last six months (only include wages earned while living in the household). All income that is not wages should be reported on the correct line in the table below.

Name	Applicant	2	3	4	5
1. Gross Wages/Salary					
2. Unemployment compensation					
3. Child support payments					
4. Net earnings from self-employment					
5. Interests and dividends and rental income					
6. Social Security Disability Insurance (SSDI) and or (SS)					
7. Alimony or military allotments					
8. Merit based scholarships					
9. Retirement income (non SS)					

**Employment/Volunteer Record:** Begin with last or current employer. Please include a minimum of 5 year history & attach a blank sheet if necessary.

Name of Employer:	Employment Dates (mo/day/yr): From _____ To _____	
Address/City/State:	Hourly Wage: _____	Hours/Week: _____
Job Title:	Reason for Leaving: _____	
Job Duties: _____		
Name of Employer:	Employment Dates (mo/day/yr): From _____ To _____	
Address/City/State:	Hourly Wage: _____	Hours/Week: _____
Job Title:	Reason for Leaving: _____	
Job Duties: _____		
Name of Employer:	Employment Dates (mo/day/yr): From _____ To _____	
Address/City/State:	Hourly Wage: _____	Hours/Week: _____
Job Title:	Reason for Leaving: _____	
Job Duties: _____		

**Education/ Degree:**

Are you currently attending high school? ( ) Yes ( ) No If yes, what school? \_\_\_\_\_  
High School Diploma \_\_\_ GED/HSED \_\_\_ Highest Grade completed \_\_\_ Post High School Degrees/Certifications \_\_\_\_\_  
If you have earned a degree/certification, what field is it in? \_\_\_\_\_ Date completed \_\_\_\_\_  
Are you currently attending training/school? ( ) Yes ( ) No If yes, what program and where? \_\_\_\_\_  
Are you currently receiving a Pell Grant? ( ) Yes ( ) No  
Are you interested in a non-traditional occupation? ( ) Yes ( ) No  
Are you interested in receiving any vocational or job-related training? ( ) Yes ( ) No  
If yes, please describe area of interest: \_\_\_\_\_

**Military Status** (check all that apply):

Have you performed any military service? ( ) Yes ( ) No If yes, list dates of service (mo/yr) From \_\_\_\_\_ To \_\_\_\_\_  
Are you a Disabled Veteran? ( ) Yes ( ) No  
Are you a spouse of a veteran? ( ) Yes ( ) No

**Selective Service** (check one):

I am in compliance with section 3(a) of the Military Selective Services Act which requires males born after January 1, 1960 to register within 30 days after their 18<sup>th</sup> birthday. ( ) Yes ( ) No Registration not required. ( )

**Please check all that apply:**

\_\_\_ Limited English (speaking and/or writing)      \_\_\_ Foster Child\*      \_\_\_ Physical Limitations  
\_\_\_ Homeless/Runaway\*      \_\_\_ Learning Difficulties      \_\_\_ Pregnant/Parenting\*  
\_\_\_ Ex-Offender/Offender      \_\_\_ W-2 Participant      \_\_\_ Displaced Homemaker  
\_\_\_ Public Assistance Recipient      \_\_\_ Hearing/Visual Impairments      \_\_\_ Mental Health Issues  
\_\_\_ Unemployed for \_\_\_ weeks in last 6 mo.  
\_\_\_ Collecting unemployment      \_\_\_ Exhausted unemployment within last 5 years

**Read the following and sign on the line below:**

- I attest that the information on this application (including income and family size) is true to the best of my knowledge.
- I understand that the information may be checked and I may have to show documents to support it.
- I am aware that I may be prosecuted for fraud and/or perjury if I deliberately give false information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**How did you hear about the Workforce Opportunity and Innovation Act Program?**

\_\_\_ Job Center      \_\_\_ Family Member      \_\_\_ Teacher/Name of School \_\_\_\_\_  
\_\_\_ Friend      \_\_\_ Probation Officer      \_\_\_ Other \_\_\_\_\_

**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities. Individuals with hearing impairments may call 1-800-947-3529 to access the Wisconsin Telecommunications Relay System.

**For Office Use Only:**

Career Planner please sign below after reviewing the application and check the appropriate boxes below.

\_\_\_\_\_  
Career Planner Signature

\_\_\_\_\_  
Date

After reviewing the application the status on this participant is:

\_\_\_ Appt is set w/the client Appt Date \_\_\_      Comments: \_\_\_\_\_  
\_\_\_ Have attempted to make contact Date \_\_\_  
\_\_\_ Client is not Eligible \_\_\_\_\_  
\_\_\_ Client will be enrolled \_\_\_\_\_  
\_\_\_ Waiting for more Documents \_\_\_\_\_

**6 month income = \_\_\_\_\_ X 2 = \_\_\_\_\_ Annual Income**