

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 18th birthday. () Yes () No Registration not required. ()

Please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Limited English (speaking and/or writing) | <input type="checkbox"/> Foster Child* | <input type="checkbox"/> Physical Limitations |
| <input type="checkbox"/> Homeless/Runaway* | <input type="checkbox"/> Learning Difficulties | <input type="checkbox"/> Pregnant/Parenting* |
| <input type="checkbox"/> Ex-Offender/Offender | <input type="checkbox"/> W-2 Participant | <input type="checkbox"/> Displaced Homemaker |
| <input type="checkbox"/> Public Assistance Recipient | <input type="checkbox"/> Hearing/Visual Impairments | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Unemployed for ___ weeks in last 6 mo. | | |
| <input type="checkbox"/> Collecting unemployment | <input type="checkbox"/> 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:

- | | |
|--|-----------------|
| <input type="checkbox"/> Appt is set w/the client Appt Date _____ | Comments: _____ |
| <input type="checkbox"/> Have attempted to make contact Date _____ | |
| <input type="checkbox"/> Client is not Eligible | _____ |
| <input type="checkbox"/> Client will be enrolled | |
| <input type="checkbox"/> Waiting for more Documents | |

6 month income = _____ X 2 = _____ Annual Income