

Information Form

Workforce Innovation & Opportunity Act (WIOA)

Please print

First Name: _____	Last Name: _____
Social Security Number: _____	Date of Birth: _____ Age: _____
Street Address: _____	Mailing Address: _____
City: _____ State: _____	Zip: _____ County: _____
Phone Number: _____	Email Address: _____

<p>Y/N <input type="checkbox"/> Are you:</p> <p><input type="checkbox"/> A US Citizen/Registered Alien?</p> <p><input type="checkbox"/> Registered for Selective Service?(Males 18 or older)</p> <p><input type="checkbox"/> Receiving UI Benefits?</p> <p>What is your Family Status? (Please check one)</p> <p><input type="checkbox"/> A Single parent</p> <p><input type="checkbox"/> Parent in a 2 Parent Family</p> <p><input type="checkbox"/> Independent Individual</p> <p><input type="checkbox"/> Family Member (not a parent)</p> <p><input type="checkbox"/> Pregnant/Parenting & under the age of 25?</p> <p><input type="checkbox"/> Homeless or a Foster Child?</p> <p><input type="checkbox"/> Are you employed? (If yes, check one box below)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Full time <input type="checkbox"/> Part time</p> <p><input type="checkbox"/> Do you have a Disability?</p> <p><input type="checkbox"/> Are you a Veteran? Branch _____</p> <p><input type="checkbox"/> An Ex-Offender?</p>	<p>Y/N <input type="checkbox"/> Do you have Limited English Proficiency?</p> <p>List the highest school grade you completed _____</p> <p><input type="checkbox"/> Did you receive a HS Diploma or GED?</p> <p>What is your Race/Ethnic Group?</p> <p style="padding-left: 40px;">Hispanic ____ Asian ____ Black ____</p> <p style="padding-left: 40px;">American Indian ____ Hawaiian Islander ____ White ____</p> <p>Do you or your family receive the following?</p> <p>TANF <input type="checkbox"/> SNAP <input type="checkbox"/> SSI <input type="checkbox"/> LEAP <input type="checkbox"/></p> <p>CCAP <input type="checkbox"/> Sec 8 Housing <input type="checkbox"/> Free Sch Lunch <input type="checkbox"/></p> <p>Your individual income past 6 months \$ _____</p> <p>Your household income past 6 months \$ _____</p> <p>Number of family members _____</p> <p><input type="checkbox"/> Are you a High School Dropout?</p> <p><input type="checkbox"/> Are you currently enrolled in any school?</p> <p>Name of School/Program: _____</p>
--	---

Are you unemployed due to a Layoff? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Layoff notice received: _____	Effective date of layoff: _____
Employer: _____	Job Title/Duties: _____

Who can we contact if we cannot reach you?	
Preferred contact:	Name: _____
Name: _____	Phone Number: _____
Address: _____	City: _____
State: _____	Zip Code: _____
Relationship: _____	
Alternate contact:	
Name: _____	Phone Number: _____
Address: _____	City: _____
State: _____	Zip Code: _____
Relationship: _____	



Workforce Innovation & Opportunity Act
SELF-ASSESSMENT

Staff Only:
Table with 2 columns and 3 rows: Date packet given to customer, Date due to be returned, Date Received by staff.

Please answer all questions in INK
(do not use pencil)

VETERAN or ELIGIBLE SPOUSE: [] yes [] no

(Spouses of certain veterans may earn priority of service ~ ask your Workforce Center staff if you qualify)

Applicant Name: _____ Last 4 of Social Security number: _____

Phone #: _____ Alt Phone #: _____ E-mail: _____

The Workforce Innovation and Opportunity Act (WIOA) program is an eligibility-based program with an emphasis on serving individuals who meet federal and state priority groups. If eligible for WIOA, this assessment will help us determine whether our services are appropriate to assist with addressing your needs. Ask your Workforce Center representative if you need assistance completing any segment of this form.

What brought you here and why are you interested in this program? _____

1) Work History – List information about your last 3 jobs (paid or volunteer), most recent first.

Employer: _____ Job Title: _____ City/St: _____

Hours/Week: _____ Wages: \$ _____ per _____ Start date (month/year): _____ End date (month/year): _____

Job Duties: _____

Reason for leaving: _____ Laid off: [] Yes [] No

Employer: _____ Job Title: _____ City/St: _____

Hours/Week: _____ Wages: \$ _____ per _____ Start date (month/year): _____ End date (month/year): _____

Job Duties: _____

Reason for leaving: _____ Laid off: [] Yes [] No

Employer: _____ Job Title: _____ City/St: _____

Hours/Week: _____ Wages: \$ _____ per _____ Start date (month/year): _____ End date (month/year): _____

Job Duties: _____

Reason for leaving: _____ Laid off: [] Yes [] No

2) Explain any gaps in the employment you have listed:

3) List any other job titles or skills you may have had that might help you to achieve your future goals:

4) Educational Background (check all that apply)

- [] HS Dropout [] HS Diploma [] GED or Equivalent [] Currently attending HS
[] Technical/Vocational [] College [] Apprenticeship/Internship [] Currently attending post HS education
[] Other: _____

A) List any training beyond High School or GED – if currently attending, note “current” under Dates Attended.

<u>Type of Training</u>	<u>School Name</u>	<u>Dates Attended</u>	<u>Completed?</u>	<u>Type of Credential</u>
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

B) If you did not receive a credential and/or gain employment from training beyond HS or GED, please explain why.

C) Describe any outstanding student debt(s) with a school, FAFSA and/or student loan below.

5) What type of work would you like to be doing?

Immediately (3-24 months): _____ Full time Part time

Long Term (2-5 years): _____ Full time Part time

6) Would you be willing to consider relocating to accept a job? Yes No

If yes, where? _____ If no, why? _____

7) What concerns do you have with **getting or keeping a job?** (i.e.: lack of skills, transportation, childcare, getting an interview) Be specific:

8) Are you interested in attending school/training? Yes No If yes, complete the following:

<u>Type of Training</u>	<u>School Name (if known)</u>	<u>Location</u>	<u>Anticipated Start Date</u>

If you have attended a college or technical school before, why do you want to enter another training program? (N/A if not applicable)

9) Do any of the following apply to you? No Yes, check all that apply to help us understand your needs – documentation may be required

Homeless Foster Care Pregnant Single Parent English Language Learner

Free/Reduced Lunch Displaced Homemaker Long-Term Unemployed (27 weeks or more)

Check all Public Assistance you are currently receiving or have received within the last 6 months:

SSI Section 8 Medicaid

TANF* SNAP LEAP CCAP Other _____

*Are you within 2 years of exhausting your lifetime TANF eligibility? Yes No

10) What is the gross amount of your household income in the last 6 months? \$ _____ How many in your household? _____

11) Legal issues: Have you had any charges, arrests, convictions? Yes No Are you currently on Parole or Probation? Yes No

12) What other concerns do you have regarding your **current life situation?** (i.e.: household, health or disability, legal) Be specific:

By submitting the signed Self-Assessment to your local Workforce Center, you are applying to the WIOA program.

Signature	Date