

Workforce Innovation Opportunity Act (WIOA) Pre-Application

Complete the form and save to your computer as YourName_WIOAApplication. Email the completed form to dorothy.paul@hotworkforce.com with your name and WIOA APPLICATION in the subject line. Incomplete or unsigned forms will not be processed.

Date:		Are you cu	rrently registere	d in WorkinTexas	s?	Yes	No	Not Sure
Customer:						Age:	:	
	Last Name	F	First Name	M.I.				
Home Telephone:			(Cell Number:				
Mailing Address:								
Residence A	ddress:	County:						
E-Mail Addre	ess:							
Are you autho	orized to work i	in the U.S.? [_Yes _No	Must provide docu	imentation c	of work au	thorizatic	ın.
If male, have	you registered	for Selective	Services?	es ∏No Must v	erify Selecti	ive Servic	e registra	ation number.
Back-up Contacts (Message numbers should be someone not living at the same address)								
1. Name:	Telephone #							
Address:								
	Street			City	State	e		Zip
Relationship):							
2. Name:	Telephone #							
Address:								
	Street			City	State	9		Zip
Relationship	:							
Highest GradeHighest Education completed:Completed:etc.):			completed (H.S.,	, GED, AAS	s, BS, Cer	t.,		
Enrolled in School?]Yes ∏No	If Yes, Name of	School:				
Program/Area of Study:								
Employmen	t Status:]Employed		Laid off	Termin	ated		
If employed	. Emplover/Oco	cupation:						



Workforce Innovation Opportunity Act (WIOA) Pre-Application

INFORMATION GATHERED IS FOR REPORTING PURPOSES ONLY AND DOES NOT EXCLUDE YOU FROM SERVICES (Check all that apply):

 Receiving TANF (currently or in the last 6 months) SNAP/Food Stamps (currently or in the last 6 months) Receiving Unemployment Insurance or exhausted UI Benefits 	Homeless Disability (including learning disabilities) Felony/Misdemeanor Arrest or Conviction
Receiving Supplemental Security Income (SSI)	History of Substance Abuse
Receiving Veteran Benefits	Loss of job due to business closure or downsizing
Foster Child/ Runaway Youth/Out of Home Placement	Drop out High School or Out of School last 3 months
Pregnant/Parenting (under 24 years of age)	Displaced Homemaker

Military Service: Have you served on active duty in the Military Service? Yes No

FROM:				TO:			
	Month	Day	Year	Month	Day	Year	
If yes, do you have veteran status? Yes No Were you discharged under honorable conditions recently and a non-retiree? Yes No							
Are you the spouse of an active Armed Forces member and unemployed, underemployed or lost employment as a direct result of relocation to accommodate a permanent change in						□ Yes	🗆 No

duty station of such member?

Name

List all persons living in your household related to you by blood, marriage or adoption who are presently employed or have worked in the last 6 months.

Name	Relationship	Age
Employer Name	Hours per Week	Wage Per Hour
Name	Relationship	Age
Employer Name	Hours per Week	Wage Per Hour
List all persons, including children, not worked in the last 6 months.	living in your household related to you by bl	ood, marriage or adoption who ha
Name	Relationship	
	Relationship	Age Age

The Heart of Texas Workforce Board, Inc. is an equal opportunity employer/programs and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989 / 1-800-735-2988 (voice). Effective: 11/10/2016 Rev. 7/25/2018 Page 2 of 3

Relationship

Age



Workforce Innovation Opportunity Act (WIOA) Pre-Application

EMPLOYMENT HISTORY

List most <u>current</u> job first:

1	Company Name	2 .	Company Name
•	Supervisor's Name	-	Supervisor's Name
	Street Address	_	Street Address
	City, State	_	City, State
	Area Code () Phone #	-	Area Code () Phone #
	Starting Date: Month Day Year		Starting Date: Month Day Year
	Ending Date: Month Day Year	_	Ending Date: Month Day Year
	Job Title		Job Title
	Duties	-	Duties
	Wage per Hour \$	-	Wage per Hour \$
	Average Hours per Week	_	Average Hours per Week
	Full Time		Full Time 🛛 Part Time 🗔
	Total Earnings \$	_	Total Earnings \$
	Reason for Termination	_	Reason for Termination
3	Company Name Supervisor's Name	4.	Company Name Supervisor's Name
	·	_	
	Street Address	_	Street Address
	City, State		City, State
	Area Code () Phone #	-	Area Code () Phone #
	Starting Date: Month Day Year		Starting Date: Month Day Year
	Ending Date: Month Day Year	_	Ending Date: Month Day Year
	Job Title		Job Title
	Duties	-	Duties
	Wage per Hour \$	-	Wage per Hour \$
	Average Hours per Week	-	Average Hours per Week
	Full Time	-	Full Time D Part Time
Total Earnings \$			Total Earnings \$
	Reason for Termination	_	Reason for Termination
l ce	rtify that the information reported in this document is a	ccura	ate and true to the best of my knowledge.
Арр	licant Signature:		Date:
Parent/Legal Guardian Signature:			Date:
т	he Heart of Texas Workforce Board Inc. is an equal opportunity a	mnlos	ver/programs and auviliary aids and services are available upon request

The Heart of Texas Workforce Board, Inc. is an equal opportunity employer/programs and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989 / 1-800-735-2988 (voice). Effective: 11/10/2016 Rev. 7/25/2018 Page 3 of 3