



**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):**

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

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

<b>FROM:</b>	<b>TO:</b>		
Month	Day	Year	Month Day Year
If yes, do you have veteran status?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you discharged under honorable conditions recently and a non-retiree?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 duty station of such member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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, living in your household related to you by blood, marriage or adoption who has not worked in the last 6 months.**

_____ Name	_____ Relationship	_____ Age
_____ Name	_____ Relationship	_____ Age
_____ Name	_____ Relationship	_____ Age
_____ Name	_____ Relationship	_____ Age

## Workforce Innovation Opportunity Act (WIOA) Pre-Application

### EMPLOYMENT HISTORY

List most current job first:

**1** Company Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_

Area Code ( ) Phone # \_\_\_\_\_

Starting Date: Month      Day      Year

Ending Date: Month      Day      Year

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Wage per Hour \$ \_\_\_\_\_

Average Hours per Week \_\_\_\_\_

Full Time  Part Time

Total Earnings \$ \_\_\_\_\_

Reason for Termination \_\_\_\_\_

**2.** Company Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_

Area Code ( ) Phone # \_\_\_\_\_

Starting Date: Month      Day      Year

Ending Date: Month      Day      Year

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Wage per Hour \$ \_\_\_\_\_

Average Hours per Week \_\_\_\_\_

Full Time  Part Time

Total Earnings \$ \_\_\_\_\_

Reason for Termination \_\_\_\_\_

**3** Company Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_

Area Code ( ) Phone # \_\_\_\_\_

Starting Date: Month      Day      Year

Ending Date: Month      Day      Year

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Wage per Hour \$ \_\_\_\_\_

Average Hours per Week \_\_\_\_\_

Full Time  Part Time

Total Earnings \$ \_\_\_\_\_

Reason for Termination \_\_\_\_\_

**4.** Company Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_

Area Code ( ) Phone # \_\_\_\_\_

Starting Date: Month      Day      Year

Ending Date: Month      Day      Year

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Wage per Hour \$ \_\_\_\_\_

Average Hours per Week \_\_\_\_\_

Full Time  Part Time

Total Earnings \$ \_\_\_\_\_

Reason for Termination \_\_\_\_\_

I certify that the information reported in this document is accurate and true to the best of my knowledge.

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

Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_  
 (If Applicant is a minor)

Date: \_\_\_\_\_