

Servicing County [ ][ ][ ]  
Servicing Region [ ][ ][ ]

# One Stop Career Centers Workforce Investment Act Application for Services

Workforce Development Area [ ][ ][ ]  
Fiscal Agent [ ][ ][ ]

Application Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]

## SELF REGISTRATION

**Social Security Number**  
[ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Birth Date**  
[ ][ ][ ][ ][ ][ ][ ][ ][ ]  
Month Day Year

**Gender**  
 Male  Female

**Race**  
 American Indian or Alaskan Native  
 Black or African American  
 White  
 Asian  
 Hawaiian Native or Other Pacific  
 Ethnic Hispanic  
 Other \_\_\_\_\_

**Applicant Name**  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone Number (Daytime)**  
[ ][ ][ ][ ][ ][ ][ ][ ][ ]  Message

**Telephone Number (Evening)**  
[ ][ ][ ][ ][ ][ ][ ][ ][ ]  Message

**Labor Force Status**  
 Employed  
 Not Employed

**Receiving Unemployment Insurance**  
 Yes  No

**Selective Service Status**  
 1 = Registered  
 2 = Not Registered  
 9 = NA

**Student**  
 Yes  No

**Highest Grade Completed**  
[ ][ ]  
Ex. 12=HS 16= BA  
GD = GED

**Citizenship**  
 Yes  No

**U.S. Worker**  
 Yes  No

Alien Number \_\_\_\_\_

INS Number \_\_\_\_\_

**Veteran Status**  
 Yes 180 Days or More  
 Yes Less than 180 Days  
 No

If yes, are you receiving Food Stamps?  
 Yes - Pre-screen for WOTC  
 No

**Character of Discharge**  
\_\_\_\_\_  
 Campaign Veteran  
 Yes  No

**Vietnam Veteran**  
 Yes  No

**Disabled Veteran**  
 1. Yes  
 2. Yes, Special Disabled  
 3. No

In \_\_\_\_\_ Out \_\_\_\_\_

**Recently Separated Veteran**  
 Yes  No

**Single Parent**  
 Yes  No

**Pregnant/ Parenting Youth**  
 Yes  No

**Youth Adnl. Assistance**  
 Yes  No

**Branch of Service**  
\_\_\_\_\_

**Low Income**  
 Yes

**Individual with a Disability**  
 Yes

**Receiving TANF**  
 Yes

**Homeless / Runaway**  
 Yes

**Receiving General Assistance**  
 Yes

**Offender**  
 Yes

**Receiving Refugee Assistance**  
 Yes

**Limited English**  
 Yes

**Supplemental Security Income**  
 Yes

**Pell Grant**  
 Yes

Other Sources \_\_\_\_\_

**Dislocated Worker**  
 Yes

Date \_\_\_\_\_

**Basic Skills/Literacy Deficient**  
 Yes

**Referred By WPRS**  
 Yes

**Grade Level**  
Reading \_\_\_\_\_ Math \_\_\_\_\_

**Work History (Start with most recent)**

Employer Name \_\_\_\_\_ ID No. \_\_\_\_\_

Job Title \_\_\_\_\_ Duration \_\_\_\_\_ Occ.Lic.

Start \_\_\_\_\_ End \_\_\_\_\_ Pay \$ \_\_\_\_\_ Reason \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Unit \_\_\_\_\_

Duties: \_\_\_\_\_

Employer #2 \_\_\_\_\_ ID No. \_\_\_\_\_

Job Title \_\_\_\_\_ Duration \_\_\_\_\_ Occ.Lic.

Start \_\_\_\_\_ End \_\_\_\_\_ Pay \$ \_\_\_\_\_ Reason \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Unit \_\_\_\_\_

**Education**

School Attended \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Major \_\_\_\_\_  Certificate  Degree

School Attended \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Major \_\_\_\_\_  Certificate  Degree

**Languages:**

	Speak	Read	Write
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If any of the answers in this section are yes, pre-screen for WOTC.**

Offender  Yes

Receiving Food Stamps  Yes

Is applicant between the ages of 18-24  Yes

Receiving SSI  Yes

\* Receiving TANF  1- Yes  Yes

\* Long-Term TANF  Yes

Are you receiving or have you received Rehabilitation Services through a State Rehabilitation Services Program or the Veterans Administration?  
 Yes  No

**\* Pre-screen for Welfare to Work**

**CORE SERVICES**

**AS - Objective Assessment**  
Start Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
End Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]

**JS - Job Search Assistance**  
Start Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
End Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]

**PS - Placement Assistance**  
Start Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
End Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Other Services** \_\_\_\_\_  
Start Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
End Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

# One Stop Career Center Workforce Investment Act Application for Intensive and Training Services

<b>Substance Abuse</b> <input type="checkbox"/> Yes	<b>Lacks or Poor Work History</b> <input type="checkbox"/> 1- Yes	<b>Additional Barriers</b> <input type="checkbox"/> Yes	<b>School Drop-out</b> <input type="checkbox"/> Yes	<b>Receiving Food Stamps</b> <input type="checkbox"/> Yes	<b>Limited English</b> <input type="checkbox"/> Yes	<b>Publicly Supported Foster Child</b> <input type="checkbox"/> Yes	<b>No. of Dependents Under 18</b> _____
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<b>Family Status</b> <input type="checkbox"/> 1 - Parent in One-Parent Family <input type="checkbox"/> 2 - Parent in Two-Parent Family	<input type="checkbox"/> 3 - Other Family Member <input type="checkbox"/> 4 - Not a Family Member	<b>Previous Employment</b> <input type="checkbox"/> 1- Recent Employer <input type="checkbox"/> 2- Job of Dislocation <input type="checkbox"/> 3- No Work History	<b>Date of Dislocation</b> _____ (MM/ DD /YYYY)	<b>Annualized Family Income</b> \$ _____ <b>Number in Family</b> _____	<b>Low Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Code _____
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### INTENSIVE SERVICES

<input type="checkbox"/> <b>IT - Internships</b> Start Date: _____ End Date: _____	<input type="checkbox"/> <b>WE - Work Experience</b> Start Date: _____ End Date: _____	<input type="checkbox"/> <b>Short Term Pre-Vocational Training</b> Start Date: _____ End Date: _____	<input type="checkbox"/> <b>Other Training</b> _____ Start Date: _____ End Date: _____
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<input type="checkbox"/> <b>BS - Basic Skills Training</b> Start Date: _____ End Date: _____	
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<b>Adult</b> <input type="checkbox"/> Statewide Funded <input type="checkbox"/> Local Board Funded <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Rapid Response <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Adult <input type="checkbox"/> Other Explain: _____	<b>Youth</b> <input type="checkbox"/> Younger (14-18) <input type="checkbox"/> Older (19-21) <input type="checkbox"/> Summer Program <input type="checkbox"/> Non- Summer Program <input type="checkbox"/> Other <input type="checkbox"/> In School <input type="checkbox"/> Out of School <input type="checkbox"/> In School <input type="checkbox"/> Out of School Explain: _____
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### TRAINING SERVICES

<input type="checkbox"/> <b>OT - Occupational Training</b> Start Date: _____ End Date: _____	<input type="checkbox"/> <b>OJT - On the Job Training</b> Start Date: _____ End Date: _____	<input type="checkbox"/> <b>ET - Entrepreneurial Training</b> Start Date: _____ End Date: _____
<input type="checkbox"/> <b>SU - Skill Upgrade/Retraining</b> Start Date: _____ End Date: _____	<input type="checkbox"/> <b>CT - Customized Training</b> Start Date: _____ End Date: _____	<input type="checkbox"/> <b>Other Training</b> _____ Start Date: _____ End Date: _____

<b>Adult</b> <input type="checkbox"/> Statewide Funded <input type="checkbox"/> Local Board Funded <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Rapid Response <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Adult <input type="checkbox"/> Other Explain: _____	<b>Youth</b> <input type="checkbox"/> Younger (14-18) <input type="checkbox"/> Older (19-21) <input type="checkbox"/> Summer Program <input type="checkbox"/> Non- Summer Program <input type="checkbox"/> Other <input type="checkbox"/> In School <input type="checkbox"/> Out of School <input type="checkbox"/> In School <input type="checkbox"/> Out of School Explain: _____
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Projected / ITA/OJT Amount: _____	Projected Supportive Service Amount: _____
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Training Institution/Employer: _____	Approved Training: _____ DOT/O*NET/OES Code: _____
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Training Institution/Employer: _____	Approved Training: _____ DOT/O*NET/OES Code: _____
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I certify that the information on this document is true and complete to the best of my knowledge. I am aware that any misrepresentations on this form will be cause for dismissal from any WIA- funded program or for prosecution under federal law. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I further allow the use of my Social Security number pursuant to the Internal Revenue Code.

WIA Participant Signature _____	Date _____	WIA Representative Signature _____	Date _____
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