Office Use Only-
Rcvd

YOUNG ADULT PROGRAM APPLICATION

WIOA: Workforce Innovation and Opportunity Act

GENERAL INFORMATION: DATE: _____

Referred by _____

Social Security # __ __ __- __ __ - __ __ __ __ Gender: ❑ Male ❑ Female Date of Birth _____/_____/_____

Last Name _____ First Name _____ M.I. _____

Street Address _____

Mailing Address (PO Box) _____

City _____ State _____ Zip Code _____ County _____

Phone (__ __ __) __ __ __ - __ __ __ __ Atl. Phone (__ __ __) __ __ __ - __ __ __ __ Message Phone: (__ __ __) __ __ __ - __ __ __ __

❑ Driver License Do you have Internet access? ❑ Yes ❑ No

❑ Learner Permit E-mail Address: _____

Citizenship: ❑ US Citizen ❑ Registered Alien ❑ Refugee ❑ Other Legal Alien ❑ Other_____

Primary Language: ❑ English ❑ Arabic ❑ Spanish ❑ Other _____

Race: ❑ White ❑ Black or African American ❑ Hispanic or Latino

❑ Alaskan/American Indian ❑ Asian ❑ Hawaiian/Pacific Islander ❑ Other

Note: Ethnicity question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.

EDUCATION

Are You Out-of-School? ❑ Yes ❑ No

Name of School District Attended? _____

Type of Diploma Earned: ❑Regents ❑Local ❑ HS Equivalency (GED) ❑CDOS Credential ❑SACC Credential ❑IEP ❑ None

Did you Attend Vocational School? ❑ Yes ❑ No

Did you leave High School without a Diploma: ❑ Yes ❑ No

What **Grade did you Leave School**?_____

What **Year did you Leave School?** _____

Did you **Attend College**? ❑ Yes ❑ No

Are you attending High School? ❑ Yes ❑ No

Name of Current School district? _____

Current Grade Level: _____

What type of diploma do you expect when you graduate?

❑Regents ❑Local ❑CDOS ❑SACC ❑ HS Equivalency (GED)

Are you attending Vocational School? ❑Yes ❑ No

Are you **behind grade level(s)** at high school? ❑ Yes ❑ No

Are you Currently Enrolled in College**? ❑ Yes ❑ No**

Please Respond to All Questions to Determine Services:

Are you a **person with a Disability?** ❑ Yes ❑ No ❑Prefer Not To Answer

If Yes, do you have any of the following:

❑ Physical/Chronic Health Condition
❑Mental or Psychiatric disability
❑Hearing related disability
❑Cognitive/Intellectual Disability
❑ Physical/Mobility Impairment
❑Vision-related disability
❑Learning Disability
❑IEP ❑AIS ❑ 504 Please list accommodations provided: _____

Are you **Pregnant**? ❑Yes ❑ No If yes, Due Date: _____ Are you **a Parent**? ❑ Yes ❑ No

Are you a **Single Parent** - Are you single, separated, divorced or widowed person who has primary responsibility for one or more dependent children under age 18 (including single pregnant women)? ❑ Yes ❑ No

Are you a **Veteran**? ❑Yes ❑ No Are you a S**pouse of a Veteran**? ❑ Yes ❑ No

Are you the spouse of a US Armed forces member on active duty and lost your job as a direct result of relocation due to a permanent change in your

spouse's duty station? ❑Yes ❑ No

Males - If over 18 years of age, **are you registered for the Selective Service**? ❑ Yes ❑ No Registration # _____

****If No, you MUST register for the Selective Service in order to participate in WIOA programs.** Please register online at www.sss.gov/

Are you in **foster care**? ❑Yes ❑ No Did you age out of **foster care**? ❑ Yes ❑ No

Are you **Homeless** or **Runaway** - Do you lack a permanent and suitable nighttime residence? This includes sharing housing with persons due to loss of housing, economic hardship or similar reason: ❑Yes ❑No

- Couch surfing
- Living in a motel or campground due to lack of other suitable options
- Living in an emergency or temporary shelter
- Abandoned in a hospital
- Awaiting Foster Care placement
- Having a main nighttime residence that is a public or private place such as a car, park, abandoned building, bus or train station, airport or campground

Are you an **Ex-Offender –***were you subject to any stage of the criminal justice process*? ❑Yes ❑ No

If yes, do you need help with employment because of your offender status? ❑Yes ❑ No

Do you have a probation officer? ❑ Yes ❑No If Yes who is your probation officer? _____

Do you lack basic skills - *Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the job. In your family, or in society*? ❑Yes ❑ No (***I SAY WE KEEP AS A BACKUP)***

Are you **an English Language Learner -** *Do you have **limited ability** in speaking, reading, writing or understanding English?* ❑Yes ❑ No
Do you meet one of the following conditions:

- Is your native language a language other than English? ❑Yes ❑ No
- Do you live in a family or community where a language other than English is the main language? ❑Yes ❑ No

Do you have a Cultural Barrier - *Do you have attitudes, beliefs, and customs or practices that may make it hard for you to find work?* ❑Yes ❑ No

Are you **Currently Employed?** ❑ Yes ❑ No If Yes: Start Date: _____ Wage: _____

Name of Employer: _____

Have you ever been fired from a job? ❑ Yes ❑ No

How long have you been looking for work? _____

If **under 18 years of age**, do you have a **Work Permit**? ❑ Yes ❑ No **Obtain work permits at your local school whether you attend or not

Are you a **Migrant or Seasonal Farm Worker**? ❑ Yes ❑ No **If Yes, Check one of the following**:

____**Seasonal Farm Worker**: someone who is or was employed in the past 12 months in farm work of a seasonal or temporary nature and who can return to their permanent place of residence in the same day. This does not include non-migrant individuals who are full-time students.

____**Migrant Farm Worker**: A seasonal farm worker (see above) who travels to the job site and cannot return to their permanent place of residence in the same day. This does not include full-time students traveling in organizational groups rather than with their families.

Are you a Displaced Homemaker - Have you been providing unpaid services to family members in the home and depended on the income of another family member but are no longer supported by that income; or are the dependent spouse of a member of the military on active duty and whose family income is significantly reduced due to a deployment, a call or order on active duty, or the death or disability of the member **AND** are unemployed or underemployed and having trouble finding or keeping employment? ❑ Yes ❑ No

Are you or any member of your family receiving any public assistance/low income (TANF/SNAP)? ❑ Yes ❑ No ❑ Not Disclosed

CERTIFICATION:

I/We certify that the information provided in this application packet is true to the best of my/our knowledge. I/We understand this information is used to determine eligibility and I/we may be required to document the accuracy of this information. This information is subject to external verification and may be released for such purposes. If found ineligible after enrollment, I/we understand the applicant will be terminated from the program. If I am terminated as a result of falsifying information on this application, I/we understand I/we may also be prosecuted for fraud. My/Our signature serves as giving my/our permission to verify any and all information contained in this application and attached forms in the application packet. I/We acknowledge that I may be asked to provide follow-up information to assist in evaluation of this program.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Required if applicant is under the age of 18

Eligibility Interviewer Signature _____ Date _____

YOUNG ADULT PROGRAM APPLICATION

WIOA: Workforce Innovation and Opportunity Act

Initial Assessment

SKILLS and INTERESTS

- List your skills and abilities you have learned in a job, at home, as a chore, or as a hobby. List any and all computer and technology skills.

_____

_____

- List your volunteer and/or community service performed: _____
- What are you really good at? _____
- What do you do in your spare time?

❑ Walk/jog	❑ Talk with friends	❑ Baby-sit	❑ Read
❑ Make craft projects	❑ Play video games	❑ Play Sports	❑ Construct models, projects
❑ Work on cars/bikes	❑ Cook/bake	❑ Participate in youth groups	❑ Other _____

- Which do you prefer?

❑ Office	❑ Retail	❑ Assembly and Production	❑ Food Service
❑ Outdoor Maintenance	❑ Recreation Program	❑ Day Care Center	❑ Center for Disabled Adults/Youth
❑ Indoor Maintenance	❑ Nursing Home	❑ Hospitality	❑ Other _____

CAREER INTEREST:

Which of the following high demand jobs are you interested in learning more about?

Advanced Manufacturing: ❑HVAC ❑Welding ❑Optics ❑ Machining ❑Auto Mechanic

Health Care: ❑Home Health Aide (HHA) ❑Certified Nursing Aide (CNA) ❑Licensed Practical Nurse (LPN) ❑Registered Nurse (RN)

❑Agriculture ❑Truck Driving ❑Starting your own business

What additional skills and training do you need to obtain a job? _____

If you could have a job right now, what would it be? _____

What job do you want 5 years from now? _____Why? _____

TRANSPORTATION: How will you get to a job or appointment? ❑Bicycle ❑ Parents ❑ Own Car ❑Public Transportation ❑ Walk

WORK HISTORY: (❑ See Attached Resume)

Job Title _____ Employer _____

Address _____ Wage $_____

City _____ State _____ Country, if not US _____

Start Date _____/_____/_____ End Date _____/_____/_____ Reason for leaving _____

Job Duties _____

Job Title _____ Employer _____

Address _____ Wage $_____

City _____ State _____ Country, if not US _____

Start Date _____/_____/_____ End Date _____/_____/_____ Reason for leaving _____

Job Duties _____