

**PRE-APPLICATION CHECKLIST
WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAM**

Application Date: _____ Applicant's Name: _____

Staff: _____

Thank you for applying for the Workforce Innovation and Opportunity Act program through Workforce Solutions of the Concho Valley. We look forward to working with you!

To process your application, we will need the following information and documentation:

- Social Security Card**
- Picture I.D.**
- Completed USCIS Form I-9**
 - Certified copy of your birth certificate.
 - Number in family _____.
 - Certified copy of children's birth certificate
 - Wage verification form - # to be returned _____.
 - Social security form - # to be returned _____.
 - Income verification form - # to be returned _____.
 - Veterans verification form - # to be returned _____.
 - Selective Service Registration Number
 - Applicant statement form
 - Parent's signature on application for youth
 - Additional Names and Phone Numbers
 - (1) _____
 - (2) _____
 - (3) _____
- Other as described:**
 - Current copy of resume _____
 - High school diploma or GED _____
 - _____

By signing this application, I attest that all information provided is accurate and correct.

Client Name Printed	Client Signature	Date

if under 18 years old Client Parent/Guardian Name Printed & Signature	Date

Intake Talent Development Specialist Signature	Date

Workforce Innovation and Opportunity Act Program Application

IDENTIFICATION INFORMATION

Name _____ Social Security Number _____

Permanent Mailing Address _____

City _____ County _____ State _____ Zip _____

Residence Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Gender: Male _____ Female _____

Ethnic Group: White (not Hispanic) _____ Black (not Hispanic) _____ Hispanic _____

American Indian or Alaskan Native _____ Asian or Pacific Islander _____

Number of months worked in the last 24 months _____ Number of weeks worked in the last 26 weeks _____

INDIVIDUAL CHARACTERISTICS

Are you an American Citizen? Yes _____ No _____ If not, do you have proper documentation to work? Yes _____ No _____

Have you ever been in Foster Care? Yes _____ No _____ Are you currently homeless? Yes _____ No _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____ **If yes**, are you on probation? Yes _____ No _____

If yes, probation officer's name: _____ Phone number: _____

Have you ever been convicted of a felony? Yes _____ No _____ **If yes**, are you on parole? Yes _____ No _____

If yes, parole officer's name: _____ Phone number: _____

Date crime was committed: _____ County _____ State _____

Conviction: _____

Have you ever been treated for drug or alcohol abuse/addiction? Yes _____ No _____

Do you have any health issues or physical limitations that may affect your ability to work? Yes _____ No _____

If male, have you registered for the Selective Services? Yes _____ No _____

If yes, do you have a registration acknowledgment letter or card? Yes _____ No _____

Have you ever served on active duty in the U.S. Military Services? Yes _____ No _____

Give dates of most recent military service: From _____ To _____

Type of discharge: honorable _____ general _____ other than honorable _____ dishonorable _____

Were you discharged or retired because of a service-connected disability? Yes _____ No _____

Did you serve on active duty between August 5, 1964 and May 7, 1975? Yes _____ No _____

Marital status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Family Type: Self only _____ One-Parent Family _____ Two-Parent Family _____ Other _____

If you have a physical (motion, vision, hearing, etc) or mental (including learning or developmental) impairment which substantially limits one or more of your major life activities, have a record of such impairment, or are regarded as having such an impairment please discuss this with your Career Specialist.

ACADEMIC/EDUCATION/TRAINING			
Name of School	Field of Study	Completed	Date
High School _____	_____	Yes _____ No _____	_____
GED _____	_____	Yes _____ No _____	_____
Vocational/Technical _____	_____	Yes _____ No _____	_____
College _____	_____	Yes _____ No _____	_____
Highest grade completed? _____		Current grade if still attending? _____	
Class Schedule _____			

List all persons in Family living in the household (including yourself):

Name	Age	Relationship	Has this person worked in the last 6 months?	
1) _____	_____	Self	Yes _____	No _____
2) _____	_____	_____	Yes _____	No _____
3) _____	_____	_____	Yes _____	No _____
4) _____	_____	_____	Yes _____	No _____
5) _____	_____	_____	Yes _____	No _____
6) _____	_____	_____	Yes _____	No _____
7) _____	_____	_____	Yes _____	No _____
8) _____	_____	_____	Yes _____	No _____

Please check if you or any member of your family is receiving or has received any of the following during the past twenty-six (26) weeks (six months):

Unemployment Benefits Food Stamps Child Support Retirement Income
 Social Security TANF Refugee Assistance
 Veterans Pay or Allowances SSI Workers Compensation

List any other sources of income: _____

Are you in High School? Yes _____ No _____ Are you in post-secondary school? Yes _____ No _____

Are you age 14 – 21? Yes _____ No _____ Are you age 16-24? Yes _____ No _____

Date of Birth: Month _____ Day _____ Year _____

Are you pregnant or parenting? Yes _____ No _____

Do you receive or are you eligible to receive free or reduced priced lunches? Yes _____ No _____

Did you drop out of school? Yes _____ No _____

Are you homeless or a runaway from home? Yes _____ No _____

If widowed, divorced, or separated are you not working outside the home? Yes _____ No _____

Are you eligible for Unemployment Insurance benefits? Yes _____ No _____

Are you currently receiving Unemployment Insurance (UI) benefits? Yes _____ No _____

Have you exhausted your Unemployment Insurance benefits? Yes _____ No _____

Have you been terminated/laid off, or received a notice of termination/layoff from an employer? Yes _____ No _____

Were you terminated/laid off due to the permanent closure or, a substantial layoff (30% or more of the workforce) at that site? Yes _____ No _____

Were you formerly self-employed but currently unemployed? Yes _____ No _____

Have you ever left a job without giving notice? Yes _____ No _____

Is your ability to communicate in English limited? Yes _____ No _____

If so, has this affected your ability to obtain/retain a job? Yes _____ No _____

How did you learn about our program? _____

List the name and phone number of friends or relatives (***NOT LIVING IN YOUR HOUSEHOLD***) who will be able to locate you in case we are unable to contact you at the phone number you have given us above.

Name _____	Name _____	Name _____
Phone # _____	Phone # _____	Phone # _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
Relationship _____	Relationship _____	Relationship _____

APPLICANT'S EMPLOYMENT HISTORY (past 5 years, beginning with most recent job)

1) Company Name:
Supervisor's Name:
Phone #:
Street Address:
City:
State: Zip Code:
Start Date to End Date
Job Title:
Duties:
Wage per Hour: \$ Average Hours per Week:
Total Yearly Earnings \$ Fulltime: Part-time:
Reason for Termination:

2) Company Name:
Supervisor's Name:
Phone #:
Street Address:
City:
State: Zip Code:
Start Date to End Date
Job Title:
Duties:
Wage per Hour: \$ Average Hours per Week:
Total Yearly Earnings \$ Fulltime: Part-time:
Reason for Termination:

3) Company Name:
Supervisor's Name:
Phone #:
Street Address:
City:
State: Zip Code:
Start Date to End Date
Job Title:
Duties:
Wage per Hour: \$ Average Hours per Week:
Total Yearly Earnings \$ Fulltime: Part-time:
Reason for Termination:

4) Company Name:
Supervisor's Name:
Phone #:
Street Address:
City:
State: Zip Code:
Start Date to End Date
Job Title:
Duties:
Wage per Hour: \$ Average Hours per Week:
Total Yearly Earnings \$ Fulltime: Part-time:
Reason for Termination: