

WORKFORCE SOLUTIONS
Of the Concho Valley

APPLICATION CHECKLIST
For the
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.**
- Copy of your Birth Certificate**
- Number in family _____.
- 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
 - _____

Client Name Printed **Client Signature** **Date**

Client Parent/Guardian Signature if under 18 years old **Date**

Intake Talent Development 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: _____

Date of Birth: Month _____ Day _____ Year _____ How old are you today? _____

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: ___/___/___ State _____ County _____

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

Are you in High School Yes ___ No ___ Are you in post secondary school? Yes ___ No ___

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 ___

Are you widowed, divorced, or separated and not working out side 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 ___

Has this affected your ability to obtain 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 _____ State _____ City _____ State _____ City _____ State _____
Zip Code _____ Zip Code _____ Zip Code _____
Relationship _____ Relationship _____ Relationship _____

APPLICANT'S EMPLOYMENT HISTORY with most recent starting with Number 1

1) Company Name: _____ **2)** Company Name: _____
Supervisor's Name _____ Supervisor's Name _____
Street Address _____ Street Address _____
City, State _____ Zip Code _____ City, State _____ Zip Code _____
Phone # _____ Phone # _____
Starting Date ____/____/____ Starting Date ____/____/____
Ending Date ____/____/____ Ending Date ____/____/____
Job Title _____ Job Title _____
Duties _____ Duties _____
Wage per Hour \$ _____ Wage per Hour \$ _____
Average Hours per Week _____ Average Hours per Week _____
Fulltime _____ Part-time _____ Fulltime _____ Part-time _____
Total Yearly Earnings \$ _____ Total Yearly Earnings \$ _____
Reason for Termination _____ Reason for Termination _____

3) Company Name: _____ **4)** Company Name: _____
Supervisor's Name _____ Supervisor's Name _____
Street Address _____ Street Address _____
City, State _____ Zip Code _____ City, State _____ Zip Code _____
Phone # _____ Phone # _____
Starting Date ____/____/____ Starting Date ____/____/____
Ending Date ____/____/____ Ending Date ____/____/____
Job Title _____ Job Title _____
Duties _____ Duties _____
Wage per Hour \$ _____ Wage per Hour \$ _____
Average Hours per Week _____ Average Hours per Week _____
Fulltime _____ Part-time _____ Fulltime _____ Part-time _____
Total Yearly Earnings \$ _____ Total Yearly Earnings \$ _____
Reason for Termination _____ Reason for Termination _____