

Please complete the following form to the best of your abilities.

PART I: APPLICANT INFORMATION										
Applicant Name:							Application Date:			
First		MI		Last						
Birth Date:		Social Security Number			Gender:					
		- -			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do Not Wish to Answer					
Race:					Are you of Hispanic or Latino Origin?					
<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> I do not wish to answer					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer					
					What is your primary language if NOT English:					
Primary Phone		Phone Type:			Email:			Contact Preference:		
		<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other						<input type="checkbox"/> Phone <input type="checkbox"/> Email		
Residential Address:				City:		State:	Zip Code:		County of Residence:	
Mailing Address <input type="checkbox"/> Check here to use residential address				City		State:	Zip Code:		County	
Alternate Contact:					Relationship			Phone Number		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Are you a United States Citizen? <input type="checkbox"/> Citizen of US or US Territory <input type="checkbox"/> U.S Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted to the US <input type="checkbox"/> None of the Above If Alien/Refugee Alien Card #: _____ Exp. Date: _____										
What is your current employment status? <input type="checkbox"/> Working Fulltime <input type="checkbox"/> Working Part-time <input type="checkbox"/> Not Working <input type="checkbox"/> Never Worked										
Have you registered for the Selective Service (www.sss.gov)? (Males born on or after 1/1/1960, ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Documented Exemption										
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you need additional support? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Are you currently in the military, a veteran or a spouse of a member of the armed forces who is on active duty or a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Have you previously enrolled in WIOA funded training? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please complete the following:										
Name of School attended:			Name of Training Program:			Completion Date:				
Did you complete the training? If no, why not: <input type="checkbox"/> Yes <input type="checkbox"/> No										
Did you find a job after you completed the training? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, was the job related to the training you received?										
Name of Employer:			Position:			Dates of Employment: (mm/dd/yy)				
						From		To		
What are your future employment goals? _____ _____										

PART II: ELIGIBILITY

DISLOCATED WORKER Category

Have you received **notice of termination** or **layoff** from your last job or received documentation that you are **separating from the military**? Yes No

If YES, please provide the date of termination or separation (mm/dd/yy) _____

If YES, please provide the information of your previous employer

Employer Name		Employer County	
Address	City	State	Zip Code

Are you currently receiving unemployment benefits? Yes No

ADULT Category

In the past **six months**, have you or anyone in your family received the following **public assistance**:

Temporary Assistance for Needy Families (TANF) Yes No

Supplemental Nutrition Assistance Program (SNAP) Yes No

Supplemental Security Disability Income (SSDI) Yes No

Supplemental Security Income (SSI) Yes No

Any other forms of public support? Yes No

Explain: _____

PART III: FAMILY COMPOSITION OF INCOME

Family Composition: List each family member (spouse and dependents) living in the home

Names of Family Members Including Applicant	Relationship	Age	Social Security # (over 14 years of age)	Total Gross Income (Six Months Prior to Application)
	APPLICANT/SELF			
List other sources of financial support and amounts received:		1		
EXAMPLES: child support, unemployment, Social Security		2		
		3		
Total # in Household:			Total Household Income	

NOTE: Falsification of data on this form is a crime against Federal and State laws and is punishable by a fine or imprisonment or both and will require repayment of any monies paid to or on behalf of the applicant while in training.

PART IV: EDUCATION HISTORY

Please complete the following form to the best of your abilities

Are you currently in school? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, Name of School: _____	Program: _____ Estimated Completion Date: _____				
Highest School Grade Completed: <input type="checkbox"/> None <input type="checkbox"/> Grade School <input type="checkbox"/> Middle School <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th					
High school diploma or equivalent received (GED) <input type="checkbox"/> YES <input type="checkbox"/> NO Not Applicable					
Highest Qualification Level Completed: <i>Do NOT complete for education levels of less than high school or high school equivalency diploma</i>	<input type="checkbox"/> Certificate of Attendance/Completion (Disabled Individuals) <input type="checkbox"/> High School Equivalency Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> 1 Year at College or a Technical or Vocational School <input type="checkbox"/> 2 Years at College or Technical or Vocational School <input type="checkbox"/> 3 Years at a College or Technical or Vocational School <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Specialized Degree				
Course of Study	Issuing Institution				
Do you possess any certifications or licenses? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, list below:					
1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Certificate/License</td> <td style="width: 50%;">Issuing Organization</td> </tr> <tr> <td>Completion Date:</td> <td>State: Country:</td> </tr> </table>	Certificate/License	Issuing Organization	Completion Date:	State: Country:
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Certificate/License	Issuing Organization				
Completion Date:	State: Country:				

PART V: WORK EXPERIENCE

Please list your 3 most recent jobs held.

Name of Employer:	Occupation Title:	Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
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Employment Dates: (mm/dd/yy) From _____ To _____	Wage/Salary \$ _____	City	County	State
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Reason for leaving job (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer:	Occupation Title:	Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
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Employment Dates: (mm/dd/yy) From _____ To _____	Wage/Salary \$ _____	City	County	State
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Reason for leaving job (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer:	Occupation Title:	Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
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Employment Dates: (mm/dd/yy) From _____ To _____	Wage/Salary \$ _____	City	County	State
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Reason for leaving job (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

RELEASE INFORMATION FOR ELIGIBILITY	Initial Here	
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I authorize the release of my information to the Opportunity Coach as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS) and Department of Labor (GDOL). This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION	Initial Here	
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I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Opportunity Coach. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education

records that the Opportunity Coach must have my written consent to obtain my educational records.

I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

RELEASE INFORMATION FOR EMPLOYMENT

Initial Here

I authorize the release of my current and past employment information to the Opportunity Coach. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.

AUTHORIZATION & MEDIA RELEASE

Initial Here

I, _____ (**Participant Name**) **do / do not (circle one)** hereby consent to permit WIOA Program staff or designee to make videotaped, photographic, or sound recording of me. I authorize the reproduction, copyright, broadcast, exhibition, and distribution of such videotapes, photographs, and sound recording by WIOA Program staff and that they make such use thereof as they see fit. I hereby assign all rights to the videotapes, photographs, and sound recordings made of me.

CERTIFICATION & ACKNOWLEDGMENT

Initial Here

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date.

My authorization for Release of Information to or from the agencies/organizations listed above and Multimedia Release is valid until one year after case closure from the program.

I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

Applicants are responsible for insuring that all required documentation is attached to their application.

Missing documentation will delay the process of your application.

Please read carefully, initial each release/acknowledgment, sign and date.

Signature:

Date:

Parent/Guardian Permission for Youth Under Age 18

I, the undersigned parent, give **WorkSource Coastal** and its **Agents** permission to assist my child, _____, in either furthering his/her education, preparing for and obtaining gainful employment, and/or exploring career alternatives.

Parent/Guardian Signature:

Date: