



WorkPlus Regional System WIA Application

The WIA Application form is used to obtain the necessary information from you in order for our case managers to determine your eligibility. The information which you are voluntarily providing will be kept confidential. We recognize the diversity of each individual and do not discriminate based on gender, age, race, national origin, marital status, sexual orientation, religion or differing mental or physical capacity. *Please note: If your information has changed or is over 30 days old you will need to update your current WIA application.

Application Date: _____

Name _____		SSN _____	
Birth Date _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> No Hispanic or Latino			
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native			
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			
Address _____			
City _____		State _____	Zip Code _____
County of Residence _____			
Mailing Address if different _____			
Email Address _____			
Phone# _____		Alternate# _____	
Native or Primary Language _____			
Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes hours/week _____ wage _____ / _____			

Reason for unemployment: if no to above

____ Business closure	____ Lay off <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
____ Temporary employment	____ Business downsizing
____ Fired _____ Quit	____ Seasonal lay off (seasonal worker)
____ Never worked outside the home	____ Other: _____

Current Educational level:

Circle the highest school grade completed	
Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12
17 18 19	Post Secondary 13 14 15 16
Circle the highest degree that you have received	
None	GED
HS Diploma	Certificates of other formal training
Associate/Bachelor/Masters/Ph.D	
Date/Major/School Attended _____	

Currently in school: Y N Date/Major/School _____	

Military/selective service

Registered for the selective service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialized training received	
Do you have a service connected disability?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain	
Are you a spouse of a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Driver's license

Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State of Issue _____
Class:	<input type="checkbox"/> passenger car	<input type="checkbox"/> combination(tractor/trailer)
		<input type="checkbox"/> straight truck/school bus
Endorsements:	_____	

Citizenship status

<input type="checkbox"/> US Citizen	<input type="checkbox"/> Registered Alien
<input type="checkbox"/> Refugee	<input type="checkbox"/> Other Legal Alien
<input type="checkbox"/> Other	

- Do you have a disability that prevents you from working? Yes No
If yes, explain _____

- Do you have any limitation that would affect your work performance? Yes No
(If yes, explain) _____

- Do you receive unemployment benefits? Yes No
- Are you a foster child on whose behalf state or local government payments are made; or a child under the legal custody of Children Services? Yes No
- Do you or your family members receive Food Stamps, OWF cash assistance or cash payment under a federal, state, or local income based program? Yes No
Last Date Received _____

Family Income:

(Dislocated workers do not need to provide this information, but must provide proof of layoff (unlikely to return), plant closure, downsizing etc.)

Family income means the total family income (before taxes) received by each family member. As used here, FAMILY means- two or more persons related by blood, marriage, or decree of court, who are living in a single residence.

- WIA applicants are required to provide past income verification beginning with the application date to calculate 6 months income
- List all family members whether they have income or not

Full Name	Family Relationship	Date of Birth	Source of income	Gross dollar amount of income	Begin Income date	End Income Date

Is the applicant a:

- Yes No a. County, One-Stop or State employee
 Yes No b. Elected Official, WIB member or Youth Council member

Is the applicant related to a:

- Yes No a. County, One-Stop or State employee
 Yes No b. Elected Official, WIB member or Youth Council member

If Yes to any above:

Relationship _____ Name _____

Position _____

Certification

I certify that the information I have provided is true to the best of my knowledge. My signature authorizes the WorkPlus Regional System to release and/or obtain information from other agencies or employers needed to determine my eligibility for WIA services.

Applicant Signature

Date

Parent/Guardian

Date

WIA Case Manager

Date

Warning: 18U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both.