

YOUNG ADULT PROGRAM APPLICATION

WIOA: Workforce Innovation and Opportunity Act

Office Use Only-
Rcvd

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 (____) _____ - _____ Alt. Phone (____) _____ - _____ Other Phone: (____) _____ - _____
 Driver License Learner Permit Do you have Internet access? Yes No
 Non-Driver ID E-mail Address: _____

Citizenship: US Citizen Registered Alien Refugee Other Legal Alien Other _____

Primary Language: English Arabic Spanish Other _____

Race: White Alaskan/American Indian Black or African American Asian Hawaiian/Pacific Islander Not Disclosed

Ethnicity: Hispanic or Latino Not Disclosed Not Hispanic or Latino

Note: Race and 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 Physical/Mobility Impairment
 Mental or Psychiatric disability Vision-related disability
 Hearing related disability Learning Disability
 Cognitive/Intellectual 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 **Spouse 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

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 a Low income individual with a total family income that does not exceed the higher of: The Poverty Line **OR** : **70% of the Lower Living Standard Income Level** Other _____ **AND:**

Basic Skills Deficient or an English Language Learner? Yes No Prefer Not To Answer

Suffering from Substance Abuse or medical issues? Yes No Prefer Not To Answer

An Expectant Father? Yes No Prefer Not To Answer

A child of an Incarcerated Parent? Yes No Prefer Not To Answer

Victim of Physical, Sexual or Psychological Abuse? Yes No Prefer Not To Answer

Has been terminated from employment and has been unable to obtain employment in 90 days since separation from Employer? Yes No

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 _____

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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?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Walk/jog | <input type="checkbox"/> Talk with friends | <input type="checkbox"/> Baby-sit | <input type="checkbox"/> Read |
| <input type="checkbox"/> Make craft projects | <input type="checkbox"/> Play video games | <input type="checkbox"/> Play Sports | <input type="checkbox"/> Construct models, projects |
| <input type="checkbox"/> Work on cars/bikes | <input type="checkbox"/> Cook/bake | <input type="checkbox"/> Participate in youth groups | <input type="checkbox"/> Other _____ |

• Which do you prefer?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Office | <input type="checkbox"/> Retail | <input type="checkbox"/> Assembly and Production | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Outdoor Maintenance | <input type="checkbox"/> Recreation Program | <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Center for Disabled Adults/Youth |
| <input type="checkbox"/> Indoor Maintenance | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Hospitality | <input type="checkbox"/> 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 _____