

Pre-Screening

Applicant Information				
Full Name		Last 4 of SSN		County
Address		City	State	Zip Code
Mailing Address (if different)		City	State	Zip Code
Home Phone	Cell Phone		Email	
Age	Date of Birth	Gender- Male Female Choose Not to Identify		
Citizenship-		U.S. Citizen/Naturalized	U.S. Permanent Resident	Alien/Refugee Lawfully Admitted
Are You Registered with Selective Service? Males only born on or after 1/1/1960)		Yes	No	Not Applicable
Are you a veteran?		Yes	No	
Are you the spouse of a member of the armed forces who is on active duty?		Yes	No	
Are you currently in school?		Yes	No	
If yes, what school and program?				
If no, what school and program are you interested in?				
Is it a degree, diploma, certificate, or license?				
Do you need any core or prerequisite courses before starting the program?		Yes	No	
If in school, is your GPA above a 2.0?		Yes	No	Not Applicable
Highest current level of education (Check response)				
Did not graduate high school		GED	High School Diploma	Post-Secondary degree or diploma
What year did you graduate?				
Does your household receive any benefits? (Check all that apply)				
Food Stamps		PELL		
Unemployment Benefits		HOPE		
TANF		Lives in Public Housing		
Social Security		Any Other Government Assistance		
SSI		None of the Above		

Are you currently employed?	Yes	No	If yes -	Part-time	Full-time
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Please note current employer or previous employer:

Employer:

Job Title:	Hourly Wage:
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Hours Per Week:	Shift:
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Start Date (Month/Day/Year):	End Date (Month/Day/Year):
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Reason for Leaving : Laid-off Quit Terminated Other Employment Other

How many people are in your family by marriage, blood or court decree?

Are you— married single separated divorced

How many family members are working?

Do any of these apply to you? (check all that apply)

None Pregnant or parenting Subject to the juvenile or adult justice system (misdemeanor or felony)

Homeless Runaway, in foster care or has aged out of the foster care system Documented Disability

CERTIFICATION & ACKNOWLEDGMENT

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.

WIOA program activities are federally funded and all activities must adhere to transparency and accountability guidelines.

Please read carefully, sign and date.

Signature	
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