

Dreaming of earning more money...

Is money preventing you from going to school?



Is the cost of school stressing you out?

Can \$1,000 a semester help?

If you're 17-24 you may be eligible for the WIOA program and may be eligible to receive tuition assistance up to \$1,000 per semester!

Ask about the WIOA Program

Funds are limited, so call **NOW!**

If you live in

Fond du Lac or Green Lake Counties

Call Aimee at 920-539-8532

or email at aimeez@advocap.org

If you live in

Winnebago or Calumet Counties

Call Danielle at 920-252-3216

or email at danielles@advocap.org

The Fox Valley Workforce Development Board is an equal opportunity, affirmative action employer and service provider with funding provided under the Workforce Innovation and Opportunity Act through the State of Wisconsin Department of Workforce Development.

Individuals using a Telecommunication Device for the Deaf (TDD) should call 1-800-947-3529





WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

Please complete all pages of this application accurately. This form will help us determine your eligibility for program services. All information provided is confidential.

Name: _____
 Address: _____ City/State/Zip: _____
 Date of Birth (month/day/year): _____ County: _____
 Home/Cell Phone Number: _____ Email: _____
 Alternate Contact Name: _____ Phone Number: _____
 () Male () Female Marital Status: S M D W Are you a U.S. Citizen? () Yes () No
 If not a U.S. citizen, are you authorized to work in the U.S.? () Yes () No Work Authorization expiration date _____

Please list the name of every person living in your home at any one time within the last six months.

| Household Members | Relationship to Applicant | Age | Household Members | Relationship to Applicant | Age |
|-------------------|---------------------------|-----|-------------------|---------------------------|-----|
| 1. | | | 6. | | |
| 2. | | | 7. | | |
| 3. | | | 8. | | |
| 4. | | | 9. | | |
| 5. | | | 10. | | |

Household Income: Please list gross wages for yourself and the individuals listed above for the last six months (only include wages earned while living in the household). All income that is not wages should be reported on the correct line in the table below.

| Name | Applicant | 2 | 3 | 4 | 5 |
|---|-----------|---|---|---|---|
| 1. Gross Wages/Salary (UI is not considered wages) | | | | | |
| 2. Net receipts from self-employment or rental income | | | | | |
| 3. Interests and dividends | | | | | |
| 4. Social Security Disability Insurance (SSDI) | | | | | |
| 5. Alimony or military allotments | | | | | |
| 6. Pensions or other retirement benefits | | | | | |
| 7. Regular income from insurance policies/annuities | | | | | |

Employment/Volunteer Record: Begin with last or current employer. Please include a minimum of 5 year history & attach a blank sheet if necessary.

| | | |
|---------------------|---|-------------------|
| Name of Employer: | Employment Dates (mo/day/yr): From _____ To _____ | |
| Address/City/State: | Hourly Wage: _____ | Hours/Week: _____ |
| Job Title: | Reason for Leaving: _____ | |
| Job Duties: _____ | | |
| Name of Employer: | Employment Dates (mo/day/yr): From _____ To _____ | |
| Address/City/State: | Hourly Wage: _____ | Hours/Week: _____ |
| Job Title: | Reason for Leaving: _____ | |
| Job Duties: _____ | | |
| Name of Employer: | Employment Dates (mo/day/yr): From _____ To _____ | |
| Address/City/State: | Hourly Wage: _____ | Hours/Week: _____ |
| Job Title: | Reason for Leaving: _____ | |
| Job Duties: _____ | | |

Education/ Degree:

Are you currently attending high school? () Yes () No If yes, what school? _____
High School Diploma ___ GED/HSED ___ Highest Grade completed ___ Post High School Degrees/Certifications _____
If you have earned a degree/certification, what field is it in? _____ Date completed _____
Are you currently attending training/school? () Yes () No If yes, what program and where? _____
Are you currently receiving a Pell Grant? () Yes () No
Are you interested in a non-traditional occupation? () Yes () No
Are you interested in receiving any vocational or job-related training? () Yes () No
If yes, please describe area of interest: _____

Military Status (check all that apply):

Have you performed any military service? () Yes () No If yes, list dates of service (mo/yr) From _____ To _____
Are you a Disabled Veteran? () Yes () No
Are you a spouse of a veteran? () Yes () No

Selective Service (check one):

I am in compliance with section 3(a) of the Military Selective Services Act which requires males born after January 1, 1960 to register within 30 days after their 18th birthday. () Yes () No Registration not required. ()

Please check all that apply:

___ Limited English (speaking and/or writing) ___ Foster Child* ___ Physical Limitations
___ Homeless/Runaway* ___ Learning Difficulties ___ Pregnant/Parenting*
___ Ex-Offender/Offender ___ W-2 Participant ___ Displaced Homemaker
___ Public Assistance Recipient ___ Hearing/Visual Impairments ___ Mental Health Issues
___ Unemployed for ___ weeks in last 6 mo.
___ Collecting unemployment ___ Exhausted unemployment within last 5 years

Read the following and sign on the line below:

- I certify that the information on this application (including income and family size) is true to the best of my knowledge.
- I understand that the information may be checked and I may have to show documents to support it.
- I am aware that I may be prosecuted for fraud and/or perjury if I deliberately give false information.

Applicant Signature

Date

Parent or Guardian Signature

Date

How did you hear about the Workforce Opportunity and Innovation Act Program?

___ Job Center ___ Family Member ___ Teacher/Name of School _____
___ Friend ___ Probation Officer ___ Other _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities. Individuals with hearing impairments may call 1-800-947-3529 to access the Wisconsin Telecommunications Relay System.

For Office Use Only:

Case manager please sign below after reviewing the application and check the appropriate boxes below.

Case Manager Signature

Date

After reviewing the application the status on this participant is:

___ Appt is set w/the client Appt Date ___ Comments: _____
___ Have attempted to make contact Date ___
___ Client is not Eligible
___ Client will be enrolled
___ Waiting for more Documents

Other _____



WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) PERSONAL PROFILE

Please complete this form to the best of your ability. The information you provide will assist us in developing your individualized service plan which will be used to better serve your needs. If you have any questions or difficulty in completing this form, please ask your case manager for assistance.

Name: _____ Date: _____

VOCATIONAL INTERESTS AND GOALS

1. List the jobs or occupations you are interested in obtaining (rank in order of importance, (a.) being your first choice):
 a. _____ c. _____
 b. _____ d. _____
2. Have you ever attended a Job Seeking/Careers class or workshop? () Yes () No
 If yes, list location: _____ Date Completed: _____
3. Have you ever completed any of the following job search activities? (check all that apply)
 () completing a job application () creating a written resume () writing a cover letter
 () answering interview questions () writing a thank-you letter
4. Do you need assistance with completing any of the above listed or other job search activities? () Yes () No
 If yes, please list activities you need assistance with: _____
5. Have you ever visited a Job/Workforce Development Center? () Yes () No
 If no, would you like a tour? () Yes () No
6. Do you need assistance with using the computers in the Job Center? () Yes () No
7. Are you familiar with Internet websites to assist you in your job search? () Yes () No
8. Have you applied for any jobs recently? () Yes () No
9. In the past 6 months, how many employers have you contacted as part of your job search?
 () 0 – 10 () 11 – 20 () 21 – 50 () 51 – 75 () 76 – 100 () over 100
10. What hours/shifts are you available to work? (take into consideration any child care and transportation needs)
 () days () afternoons () evenings () overnight () rotating shift
11. Have you been successful in getting interviews? () Yes () No
12. What reasons have employers given for not hiring you? _____
13. What do you feel have been your biggest obstacles in looking for a job? (check all that apply)
 () finding out about job openings () no resume () getting employers to interview me () transportation
 () lack of work experience () appearance () inability to communicate effectively () lack of motivation
 () lack of job-related skills () attitude () lack of child care () health problems
 () legal issues () employer bias or prejudice due to: () race () gender () age
 () other: _____
14. Please list all types of work you are unable to perform due to limitations (example: medical, health, physical):

15. Are you willing to relocate to another area to get a job? () Yes () No () Undecided

EDUCATION/TRAINING HISTORY

1. Have you participated in any post high school education and/or training that you did not complete? () Yes () No
 If yes, please explain reason for non-completion: _____
2. Do you have any special trade licenses, certificates, or union affiliation? () Yes () No
 If yes, please explain: _____
3. Have you applied to a technical college or four-year university/college? () Yes () No

If yes, list name of school and program area of study: _____

Have you met with a College Advisor? () Yes () No If yes, list date: _____
Have you taken the Accuplacer/Entrance Exam? () Yes () No If yes, list date: _____
Have you applied for financial aid? () Yes () No If yes, list date: _____

COMPUTER SKILLS

1. Do you have a computer at home? () Yes () No If yes, do you have internet access? () Yes () No
2. Are you familiar with the following Microsoft Programs? (check all that apply) () Word () Excel () PowerPoint () Access
3. What other computer programs do you use? _____

HEALTH

1. Have you ever been diagnosed with a disability or health limitation? () Yes () No
If yes, please explain: _____
2. Do you have health insurance? () Yes () No Do you have dental insurance? () Yes () No
3. Do you need referral or resource information on medical, emotional, or dental services for you and/or your family? () Yes () No

MENTAL HEALTH

1. Are you currently receiving services from a mental health professional/counselor? () Yes () No
If yes, are you currently taking any medications? () Yes () No
OPTIONAL RESPONSE: Please list medications and name of mental health professional/counselor: _____

LEGAL ISSUES

1. Do you have any previous or current legal issues and/or criminal history? () Yes () No If yes, please explain: _____

TRANSPORTATION

1. Is a public transit system available to you? () Yes () No Are you familiar with rates/schedule? () Yes () No
2. Do you have a valid driver's license? () Yes () No
If no, what do you need to do to obtain a valid driver's license? _____

3. Do you have a dependable vehicle/driver available for work, school, appointments, etc.? () Yes () No
4. Do you have automobile insurance? () Yes () No

CHILD CARE

(skip this section if you have no children)

1. Do you have adequate/dependable child care arranged for your children at this time? () Yes () No
2. Do you have alternate child care arranged should your primary provider be unavailable? () Yes () No
3. Please list your current monthly child care expenses (estimate): \$ _____

MISCELLANEOUS

1. Please list your current housing situation (ex. rent, own, reside with parents/guardians, etc.) _____
2. Do you receive adequate support from family and/or friends? () Yes () No

OTHER AGENCY/COMMUNITY SERVICES

Please check all agency/community services you are currently receiving services from:

- | | | | |
|-------------------------------|--------------------------|-----------------------------------|---|
| () ADVOCAP/CAP Services | () AODA Services | () Child Support | () Division of Vocational Rehabilitation |
| () Domestic Abuse Services | () Financial Counseling | () Food Share | () Health Clinics |
| () Refugee Assistance Agency | () Homeless Shelter | () Housing Assistance | () Mental Health Clinic |
| () Probation/Parole | () Social Services | () TAA/TRA | () Technical or University College |
| () Veterans Administration | () UMOS | () Temporary Employment Agencies | |
| () Other: _____ | | | |