

netWORKri CUSTOMER APPLICATION

PLEASE PRINT - all fields must be completed to be considered a complete application

INDIVIDUAL INFORMATION				Date:	
Last Name		First Name		MI	Last 4 Digits of Social Security #
Residential Address		City		ST	Zip
Mailing Address if different than residential address:		If Mailing Address is the same as the residential address check here: <input type="checkbox"/>			
Address: _____		City: _____		ST: _____	Zip: _____
Primary Phone		Cell Phone		e-mail:	
Gender	Male	Female	Marital Status:	Single	Single/Head of Household
				Married	Widowed
				Divorced	
Alternate Contact Information (If possible, list someone not living with you.)					
Last Name: _____		First Name: _____		Relationship: _____	
Address: _____		City: _____		State: _____	Zip: _____
Authorized to work in the U.S.:					
Citizen of US or US Territory		US Permanent Resident		Alien/Refugee Lawfully Admitted to US	
If not a Citizen: Alien Registration # _____		Expiration Date _____		(mm/dd/yyyy)	
Ethnic Origin					
Hispanic/Latino heritage		Not Hispanic/Latino			
Race (Optional) May check more than one:					
<input type="checkbox"/> Black/African American		<input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> Asian		<input type="checkbox"/> Hawaiian Native or Pacific Islander			
<input type="checkbox"/> White		<input type="checkbox"/> I do not wish to disclose			
Have you registered with Selective Service?		Yes	No	Not Applicable	Exempt from Registration
Are you homeless?		Yes	No		
Have you ever been arrested or convicted of a crime?		Yes	No		
If English is not your native language or you live in a community where English is not the dominant language, do you have difficulty reading, writing, speaking or understanding English?					
		Yes	No		
Do you have a disability? (Optional)		Yes	No	If answered "yes" to Disability one of the below must be selected:	
I do not wish to disclose		Physical impairment			
		Mental impairment			
		Both a physical and mental impairment			
		I do not wish to disclose			
EDUCATION INFORMATION					
Education Level (Check your highest education level completed)			School Status		
<input type="checkbox"/> No grades completed			<input type="checkbox"/> Not Attending Any School		
<input type="checkbox"/> Highest school grade (1-11) completed: Grade: _____			<input type="checkbox"/> Attending High School, Junior High, Middle or Elementary School		
<input type="checkbox"/> 12 th Grade Completed and did not receive diploma or equivalent			<input type="checkbox"/> Attending an Alternative High School		
<input type="checkbox"/> Certificate of attendance/completion (Disabled Individuals)			<input type="checkbox"/> Attending College or a Technical or Vocational School		
<input type="checkbox"/> General Equivalency Degree (GED)			Last School _____		
<input type="checkbox"/> High School Diploma			Dates: From _____ To _____		
<input type="checkbox"/> College or a Technical or Vocational School –					
<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years					
<input type="checkbox"/> Vocational School Certificate			Have you been notified or are receiving a Pell Grant? Yes No		
<input type="checkbox"/> Associates Degree		<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Masters Degree	
<input type="checkbox"/> Doctorate Degree		<input type="checkbox"/> Specialized Degree			
MILITARY SERVICE					
Are you in the military, a veteran or the spouse of a veteran?		Yes	No	If YES, continue to answer questions 1-4	
1. Are you a Transitioning Service Member?		Yes	No		
If YES, indicate Transitioning Type:		Within 24 Months of Retirement		Within 12 Months of Discharge: Projected Discharge Date: _____	
2. Have you attended a Transition Assistance Program (TAP) Workshop within the last 3 years?		Yes	No		
3. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable?		Yes	No		
4. Are you the spouse of a veteran who has a total service connected disability, is Missing in Action, captured in the line of duty by a hostile force, is a Prisoner of War or who died from a service connected disability?		Yes	No		

Job Title	Wage: \$ _____ Hour Day Week Month Year	Hours Worked Per Week		
Reason for Leaving: <input type="checkbox"/> Lay-off <input type="checkbox"/> Terminated/Fired <input type="checkbox"/> Better Opportunity <input type="checkbox"/> Still Employed <input type="checkbox"/> Resigned/Quit <input type="checkbox"/> Job Ended <input type="checkbox"/> Retired <input type="checkbox"/> Other				
Duties				
WORK HISTORY #3				
Employer Name	Start Date: _____ (mm/dd/yyyy)	End Date: _____ (mm/dd/yyyy)		
Address	City	State Zip Country		
Job Title	Wage: \$ _____ Hour Day Week Month Year	Hours Worked Per Week		
Reason for Leaving: <input type="checkbox"/> Lay-off <input type="checkbox"/> Terminated/Fired <input type="checkbox"/> Better Opportunity <input type="checkbox"/> Still Employed <input type="checkbox"/> Resigned/Quit <input type="checkbox"/> Job Ended <input type="checkbox"/> Retired <input type="checkbox"/> Other				
Duties				
PUBLIC ASSISTANCE INFORMATION				
In the last 26 weeks, have you or anyone in your household (including yourself and anyone related to you by blood, marriage or adoption) received or have been determined eligible to receive any of the following:				
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	If receiving TANF, are you within 2 years of exhausting lifetime eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Stamps (SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No			
General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
FAMILY & FINANCIAL INFORMATION				
Are you single, separated, divorced or a widowed individual who has primary responsibility for one or more dependents under the age of 18? Yes No				
List each person in your household, including yourself, who is related to you by blood, marriage or adoption. For each member, list the Source of Income (such as gross wages, pensions, social security, rental income or alimony) and the amount for the last 26 weeks. Do NOT include child support, unemployment, or public assistance amounts.				
Name (First & Last Name)	Relationship	Date of Birth	Source of Income	Amount (Last 26 weeks)
SELF	N/A			\$
TOTAL LAST 26 WEEKS INCOME				\$
ACTIVITIES (Please Tell us why you are here today (Check all that apply))				
<input type="checkbox"/> Job Search	<input type="checkbox"/> Resume Preparation	<input type="checkbox"/> Orientation	<input type="checkbox"/> Workshop	<input type="checkbox"/> Job Fair/Recruitment
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Education Information (GED, ESL, Remedial)	<input type="checkbox"/> Training Information	<input type="checkbox"/> Labor Market Information	
APPLICANT ASSURANCES & RIGHTS				
<p>The information on this application is true to the best of my knowledge. I realize that any false statements that I know I made may cause this application to be rejected, or if I am enrolled in a program, may result in my termination and possible prosecution. I also understand that I am not guaranteed employment or any services which the Department of Labor and Training administers. I understand that netWORKri is a partnership of agencies that provide employment and training services. This form and all my communications with netWORKri contain confidential information, and I understand that the information I provide to netWORKri may be shared with partner agencies for the purposes of employment and training services only. Any form of distribution, copying or forwarding or use of this information for other than its intended purpose is strictly prohibited and may be in violation of State and/or Federal law. I authorize release of this information to netWORKri Partner Agencies.</p> <p>If applying for Workforce Innovation and Opportunity Act (WIOA) services, I agree to allow netWORKri staff to verify any information I provided on this application to determine my eligibility for possible participation. I have read, understand, and received a copy of the Grievance Procedures outlining my right to file a written complaint regarding any aspect of the WIOA program.</p>				
I, _____, hereby certify that, to the best of my knowledge and belief, the information provided is true and that I agree to electronically sign this document. YES NO DATE: _____ (mm/dd/yyyy)				

***** FOR OFFICE USE ONLY *****

Displaced Homemaker: Yes No Low Income: Yes No Basic Skills Deficient: YES No
Long Term Unemployed (more than 26 weeks): Yes No Under Employed: YES No
Meets Governors special barriers to employment YES No

CLIENT / PROGRAM:	Unemployment Insurance (UI) Status	<input type="checkbox"/> Wagner-Peysner
	<input type="checkbox"/> Neither Claimant nor Exhaustee	<input type="checkbox"/> Vets
	<input type="checkbox"/> Exhaustee State Issuing Benefits _____	<input type="checkbox"/> TAA
	<input type="checkbox"/> Claimant (Referred by WPRS)	<input type="checkbox"/> Adult Basic Career Services – Date of Participation _____
	<input type="checkbox"/> Claimant (Not Referred by WPRS)	<input type="checkbox"/> WIOA Adult – Date of Participation _____
	Date of Actual Qualifying Dislocation (mm/dd/yyyy) _____	<input type="checkbox"/> WIOA Dislocated Worker – Date of Participation _____
	<input type="checkbox"/> UI Pending	<input type="checkbox"/> NEG – Date of Participation _____

Application Reviewed by: Staff Name _____ Date: _____