



WIOA Application

For Office Use Only

Intake Date: _____
 Initial: _____

(Please print and use pen) Orientation Date: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code _____ County _____

Social Security Number: _____ Birth Date: _____ Gender: M F

Telephone Number: _____ Email: _____

Ethnicity: (Check all that apply)

- White Native American Indian / Alaskan Asian
 Black Native Hawaiian / Pacific Islander Hispanic

Disability Status:

- No Disability Disability Affecting Employment Special Disabled Veteran
 Disability Developmental Disability Learning Disability

Veteran Status: (Check all that apply)

- Not a veteran Honorable Discharge Less than Honorable Discharge
 Veteran Dishonorable Discharge Spouse of Active Duty Member

Service Dates: _____ To _____

Marital Status:

- Single Separated Widowed
 Married Divorced Non-Spousal Partner

Family:

Spouse Name: _____ Date of Birth: _____

Children: Under 18 Only: _____

1)	Name	DOB	2)	Name	DOB	3)	Name	DOB
4)	Name	DOB	5)	Name	DOB	6)	Name	DOB

U.S. Work Authorization

- US Citizen Registered Alien / Refugee Not Authorized / Not Determined

Highest Level of Education

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	<input type="checkbox"/> GED
Grade School								High School				College				Additional Education		

1) School Name _____ Dates Attended _____

Degree or Certificate Attained _____ Major: _____

2) School Name _____ Dates Attended _____

Degree or Certificate Attained _____ Major: _____

Are you currently receiving assistance from any of the following programs? (Check all that apply)

- TANF (Cash Assistance) SSI General Assistance Food Stamps Other _____ N/A

- **Have you ever been convicted of a felony or misdemeanor?** Yes No (This will not disqualify you from WIOA)
 → **Do you have a drug or alcohol dependency?** Yes No (This will not disqualify you from WIOA)
 → **Are you currently receiving unemployment benefits?** Yes No Undetermined Exhausted Benefits

Have you ever participated in classes to learn the English Language (ESL/ELL)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a Ticket to Work participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving Social Security Disability Insurance (SSDI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received Social Security Disability Insurance (SSDI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment: Please list your 10 year work history or your last 3 employers beginning with your most recent employer. Use the back of this page if necessary.

Employer Name:	_____						
Street Address	_____						
City	_____	State	_____	Zip	_____	<input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Quit	
Salary:	_____ hr / yr	Hours worked / Week	_____	Start Date	____ / ____ / ____	End Date	____ / ____ / ____
Industry:	In what industry did you last work: (i.e. manufacturing, retail, communications) _____						
Occupation:	What were the job title and duties at your last job? _____ _____ _____						

Employer Name:	_____						
Street Address	_____						
City	_____	State	_____	Zip	_____	<input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Quit	
Salary:	_____ hr / yr	Hours worked / Week	_____	Start Date	____ / ____ / ____	End Date	____ / ____ / ____
Industry:	In what industry did you last work: (i.e. manufacturing, retail, communications) _____						
Occupation:	What were the job title and duties at your last job? _____ _____ _____						

Employer Name:	_____						
Street Address	_____						
City	_____	State	_____	Zip	_____	<input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Quit	
Salary:	_____ hr / yr	Hours worked / Week	_____	Start Date	____ / ____ / ____	End Date	____ / ____ / ____
Industry:	In what industry did you last work: (i.e. manufacturing, retail, communications) _____						
Occupation:	What were the job title and duties at your last job? _____ _____ _____						

Collateral Contacts: Please provide the name, address and phone number of two people, not living with you, that we can contact if we are unable to reach you.

Last Name: _____	First Name: _____	MI: _____
Street Address: _____		
City: _____	State: _____	Zip Code _____
Telephone Number: _____	E-Mail: _____	
Relationship _____		

Last Name: _____	First Name: _____	MI: _____
Street Address: _____		
City: _____	State: _____	Zip Code _____
Telephone Number: _____	E-Mail: _____	
Relationship _____		

Please provide the following income and expense data which is used for assessment purposes only and does not pertain to program eligibility:

<u>Monthly Income</u>	
Your Take Home Pay	_____
Spouse's Take Home Pay	_____
Allowance(s)	_____
Child Support Alimony	_____
Social Security	_____
Public Assistance	_____
Unemployment	_____
Support from Family/Friends	_____
Food Stamps	_____
Savings	_____
Misc.	_____

Total Income	_____

<u>Monthly Expenses</u>	
Rent/Mortgage	_____
Utilities	_____
Installment Payments	_____
Savings	_____
Insurance	_____
Support Payments	_____
Transportation	_____
Food	_____
Clothing	_____
Childcare	_____
Household Supplies	_____
Medical and Dental	_____
Misc.	_____

Total Expenses	_____

- Do you live in subsidized housing? YES NO
- | | |
|--|---|
| <input type="checkbox"/> Chicago Housing Authority (CHA) public housing resident

<input type="checkbox"/> Chicago Housing Authority (CHA) Section 8/ Housing Choice Voucher (HCV) recipient

<input type="checkbox"/> Housing Authority of Cook County (HACC) public housing resident | <input type="checkbox"/> Housing Authority of Cook County (HACC) Section 8/ Housing Choice Voucher (HCV) recipient

<input type="checkbox"/> Non-CHA/HACC subsidized Housing Resident |
|--|---|

Previous Career Area/Job Title

Desired Goals: (Mark only one)	List Occupational Areas of Interest (Alternative Career Paths)
<input type="checkbox"/> Undecided	1. _____
<input type="checkbox"/> Immediate Employment Assistance (no job preference)	2. _____
<input type="checkbox"/> Employment in the same industry/occupation	3. _____
<input type="checkbox"/> Career Change	4. _____

Desired Needs toward employment

<input type="checkbox"/> Job Search Strategy / Guidance	<input type="checkbox"/> Resume and/or Cover Letter Assistance
<input type="checkbox"/> Refresher Basic Computer Classes	<input type="checkbox"/> Interviewing Assistance
<input type="checkbox"/> Refresher Advanced Computer Classes	<input type="checkbox"/> Job readiness Workshop
<input type="checkbox"/> Acquire transitional skills needed for new occupation	<input type="checkbox"/> Upgraded Current Skills Needed
<input type="checkbox"/> Other: _____	

Salary/Travel Expectations:

<input type="checkbox"/> Entry Wage	(\$10K - \$25K)
<input type="checkbox"/> Middle Wage	(\$25K - \$50K)
<input type="checkbox"/> High Wage	(Over \$50K)
I am willing to travel _____	Miles

Hours of Employment:

<input type="checkbox"/> Seeking Full-time
<input type="checkbox"/> Seeking Part-time

Are you currently working with any of the following programs/ agencies?

- DHS's Division of Rehabilitation Services (DRS)
- Adult Education Programs such as English Second Language (ESL/ ELL), Bridge Programs, and/or GED classes.
- AARP Back to Work 50+ Program
- Other: _____

I certify that the preceding information is correct to the best of my knowledge.

Customer Signature: _____	Date: _____
Career Advisor _____	_____
Signature: _____	Date: _____