



Colorado Rural Workforce Consortium

WIA Information Form

Last Name: _____ First Name: _____ MI _____
 Social Security # _____ Birth Date: ____/____/____ Age: _____
 Street Address: _____
 City _____ State _____ Zip _____ Country _____
 Phone Number: (____) _____ - _____ Email Address: _____

Citizenship: Check one

- (C) US Citizen (A) Registered Alien
 (R) Refugee (L) Other Legal Alien
 (O) Other Specify _____

Are you registered with Selective Service?: Yes No

Are you receiving UI benefits or been approved for UI benefits?: Yes No

What is your family status? (Check One)

- (S) Single Parent
 (P) Parent in 2 parent family
 (I) Independent Ind.
 (F) Family member/not parent

What is your employment status? (Check One)

- (E) Employed
 (U) Unemployed

Are you homeless?: Yes No

Are you an individual with a disability? Yes No

Are you a Veteran? Yes No

- (L) Less than or equal to 180 days active service
 (G) Greater than or equal to 180 days active service

Are you a Disabled Vet? Check one

- (N) No
 (D) Disabled
 (S) Special Disabled

Are you a Recently Separated Veteran? Yes No

Are you a Campaign Veteran? Yes No

Are you an ex-offender? (An individual who has been subject to any stage of the criminal justice process, for whom services under WIA may be beneficial or who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.)

Yes No

Limited English Language Proficiency: The inability of an individual whose native language is not English, to communicate in English, resulting in a barrier to employment.

Yes No

What is the highest school grade you completed? _____
 Did you receive a high school diploma or GED? Yes No

Are you or a member of your family receiving any of the following types of assistance? (Check all that apply)

- TANF (Colorado Works)
 Refugee Assistance SSI
 Food Stamps Yes No Eligible

Income Information:

What is your income for the past 6 months? \$ _____ 00

What is your family's income for the past 6 months?

\$ _____ 00

Number of family members (including self) _____

Follow up Information: This should be a person who does NOT live with you, but knows how to contact you if you move or relocate.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Dislocated Worker Information:

Date lay-off notice was received: _____ / _____ / _____

Effective date of lay off notice: _____ / _____ / _____

ONET Code for Job of Dislocation _____

What is your dislocation status? (Check One)

(L) Term/Laid Off (P) Public Announce.

(R) Received notice of Termination/Lay Off

(C) Certificate of separation (N) None

What is your return status? (Check One)

(U) Unlikely to return to your previous industry or occupation

(L) Likely to return/remain

(R) Retiring

Are you monetarily eligible for UI? Yes No

What is your plant status?

(N) None (C) Closed (S) Substantial Layoff

Youth Information:

What is your educational status? (Check One)

(S) Student

(P) Student-attending post high school

(D) H.S. dropout

(W) Out of school HS grad. with employment difficulty

(A) Student, attending alternative school

Are you a pregnant or parenting youth? Yes No

Are you a foster child on whose behalf state payments are made? Yes No

Are you a youth that needs additional assistance to complete an educational program or to secure and hold employment? Yes No

Applicant -

This form is used to gather information in order to complete your application for the WIA program. It is crucial that the information contained in this form be true and accurate in order to expedite the application process. You need to be aware that this information is subject to review and verification upon signing the application that will be presented to you by a staff member at an appointment to be scheduled, and documentation to support your information provided will be required.

This is not an application to the WIA program and does not indicate eligibility or approval for any program disseminated by the Workforce Center. A full application reflecting information you have provided to the Workforce Center will be printed and available for you to sign during your appointment with the Workforce Center representative.

This document also does not provide approval to begin any training program that may be funded by the WIA program or any programs offered through the Workforce Center. Any training program that you choose to enroll in prior to eligibility determination, WIA program registration and state approval of the vendor chosen, will not be paid for by the Workforce Center nor will be reimbursed at any time.

When you have completed this form and are ready to apply to the WIA program through your local Workforce Center, call to set up an appointment with a Workforce Center Representative to complete the application process and sign your application. Be sure to have your documentation ready at the time of your appointment to help speed the process.

Thank you and we look forward to serving you.

Local Workforce Center Information:

Career Assessment Survey

SOCIAL SECURITY #: _____

NAME: _____

DATE OF BIRTH: _____

VETERAN Yes No

PART I: EMPLOYMENT GOALS & WORK HISTORY

1. Immediate goal (3 – 24 months): I would like to be working as a _____

2. Long term goal (2 – 5 years): I would like to be working as a _____

3. Are you seeking full time employment? Yes No

4. WORK HISTORY: Please provide information about your last 4 jobs (paid or volunteer), most recent first.

Company: _____ Phone: _____
 Address: _____ Job title: _____
 Dates of employment: ___/___/___ to ___/___/___ Hours per week: _____
 Wage: \$ _____ per hour Job duties: _____
 Reason for leaving: _____

Company: _____ Phone: _____
 Address: _____ Job title: _____
 Dates of employment: ___/___/___ to ___/___/___ Hours per week: _____
 Wage: \$ _____ per hour Job duties: _____
 Reason for leaving: _____

Company: _____ Phone: _____
 Address: _____ Job title: _____
 Dates of employment: ___/___/___ to ___/___/___ Hours per week: _____
 Wage: \$ _____ per hour Job duties: _____
 Reason for leaving: _____

Company: _____ Phone: _____
 Address: _____ Job title: _____
 Dates of employment: ___/___/___ to ___/___/___ Hours per week: _____
 Wage: \$ _____ per hour Job duties: _____
 Reason for leaving: _____

PART II: EDUCATIONAL BACKGROUND

1. High School

Diploma Year _____ GED Year _____
 Dropout Year _____ Reason _____ Highest grade completed _____

2. Post-high school

School	Type of training	Date completed	Degree/Certificate

3. If you have any learning problems, please explain: _____

PART III: INTERESTS, EDUCATION and TRAINING GOALS

1. List 3 things you liked or were interested in with jobs you've had: 1) _____
 2) _____ 3) _____
2. List 3 things you liked or were interested in with school or training: 1) _____
 2) _____ 3) _____
1. Immediate education/training goals (3 – 24 months): _____
2. Long term education/training goals (2 – 5 years): _____

PART IV – SUPPORT

1. NEEDS: Do you have any problems in the following areas that interfere with working or education?

- | | | |
|------------------------------|----------------------|-------------------------------|
| Housing _____ | Work clothing _____ | Childcare/Family care _____ |
| Food _____ | Books/Tuition _____ | Special equipment/tools _____ |
| Valid driver's license _____ | Transportation _____ | Financial support _____ |
| Legal issues _____ | Other _____ | |

Please describe what you need: _____

Are you currently receiving assistance from any other agency? Yes No
 Explain: _____

What will family or friends help you with? _____

2. POTENTIAL CHALLENGES: Check any that apply to you.

- Disability _____ Explain: _____
 Health condition _____ Explain: _____
 Criminal convictions _____ Felony _____ Misdemeanor _____ Charges _____
 Completed all legal requirements? _____
 Pregnant or parenting _____ Number of children _____ Ages _____
 Problems with alcohol or other drugs _____
 Mental health concerns _____ Explain _____
 Homeless _____
 Laid off from job _____
 Other _____ Explain: _____

Plan to deal with your challenges: _____
 Do you need help with your challenges? Yes No

Personal income last 6 months _____ Family income last six months _____ # in household _____
 On TANF? Yes No On Foodstamps? Yes No

SIGNATURE _____ **Date:** _____

PARENT SIGNATURE (if under 18) _____ **Date:** _____

COUNSELOR: Complete the following:						
TABE	Reading Score:	Grade:	SS:	Math score:	Grade:	SS:
CHOICES	Yes _____ No _____	Career choice/options:				