



Employment & Training

WIOA/NEW/TRIBAL



APPLICATION FOR SERVICES

*Required in RED

Last Name:	First Name:	Middle Int.	Date:
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Physical Address:	City:	State:	Zip:	District:
Mailing Address:	City:	State:	Zip:	District:

Home/Cell Phone: 1. 2.	Message Phone:	Contact Person:	Email:
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Are you a GRIC Enrolled Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please list Tribal Affiliation:	Tribal ID#:	SSN#: — —
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Age:	DOB:	Marital Status:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Selective Service #:	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Work-permit	Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No Race: _____
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√ Check the following that pertains to you;

Description:	YES	NO
High School Graduate:		
GED Graduate:		
College Student:		
Completed Degree, or Certificate, etc.		
High School Drop-Out:		
Current Student:		
Need assistance with HS diploma/GED:		
Single Parent:		
Substance Abuse: (alcohol/drugs)		
Medical Conditions- Physical/Mental:		
Youth Requiring Additional Assistance:		
Pregnant Youth/ Parent:		
Foster Care:		
Homeless:		
Offender:		
Documented Learning Disability:		
Do you require special accommodations:		

Are you employed: Yes No If yes;
where: _____
From: ___/___/___ To: ___/___/___ Wage:\$ _____
Last date of employment: _____

Family of one: Yes No
Number in family: _____
Family Income:
\$ _____
Low Income: Yes No

Receiving TANF: Yes No
Food Stamps: Yes No
SSI/SSD: Yes No
UI Benefits: Yes No
Child Support : Yes No
Receiving Pell grant/Scholarship monies:
 Yes No
Other: _____

Currently participating in other programs: _____

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IN CASE OF EMERGENCY, PLEASE CONTACT (Please list 2 people that do not live with you)

Name: _____ **Relationship:** _____

Address: _____ **Phone #:** _____

Name: _____ **Relationship:** _____

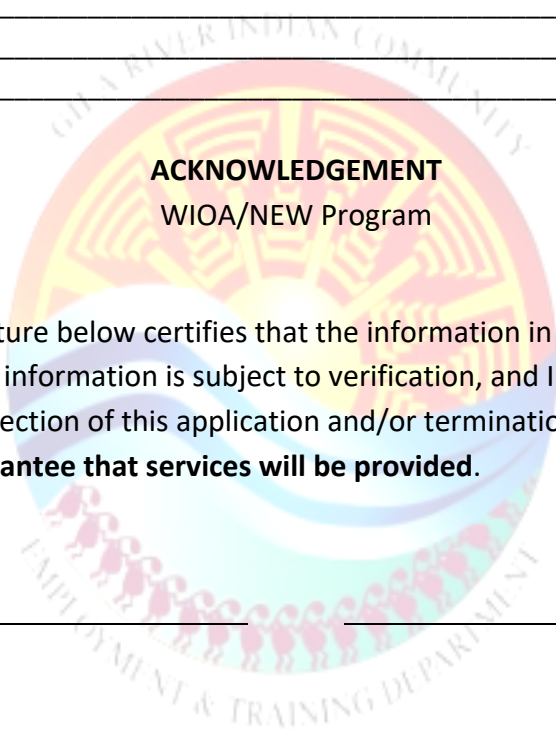
Address: _____ **Phone #:** _____

COMMENTS: _____

ACKNOWLEDGEMENT

WIOA/NEW Program

ACKNOWLEDGEMENT: My signature below certifies that the information in this application is true and accurate. I understand that such information is subject to verification, and I further realize that falsified information may result in the rejection of this application and/or termination from the program. I also understand that there is **no guarantee that services will be provided.**



Applicant Signature Date

Parent/Guardian Signature Date

Staff Signature Date

INTAKE/ELIGIBILITY ONLY:

Intake Complete: _____ (Staff Initial) (Give client a copy) WIOA Adult WIOA Youth NEW Tribal

TABE Scores:

Reading:	Math:	Language:
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Basic Skills Deficient: Yes No

EMPLOYMENT OR VOLUNTEER HISTORY BEGINNING WITH MOST RECENT JOB: COMPLETE ALL SECTIONS

JOB TITLE:	RATE OF PAY: \$ _____/Per Hr
CURRENT OR LAST EMPLOYER:	FROM: ____ / ____ / ____ TO: ____ / ____ / ____
ADDRESS/CITY/STATE/ZIP CODE:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No. of hours per week ____
DUTIES AND RESPONSIBILITIES:	
DID YOU SUPERVISE EMPLOYEES?	
LIST EQUIPMENT, MACHIHNER, SOFTWARE USED:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER?

JOB TITLE:	RATE OF PAY: \$ _____/Per Hr
CURRENT OR LAST EMPLOYER:	FROM: ____ / ____ / ____ TO: ____ / ____ / ____
ADDRESS/CITY/STATE/ZIP CODE:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No. of hours per week ____
DUTIES AND RESPONSIBILITIES:	
DID YOU SUPERVISE EMPLOYEES?	
LIST EQUIPMENT, MACHIHNER, SOFTWARE USED:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER?

JOB TITLE:	RATE OF PAY: \$ _____/Per Hr
CURRENT OR LAST EMPLOYER:	FROM: ____ / ____ / ____ TO: ____ / ____ / ____
ADDRESS/CITY/STATE/ZIP CODE:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No. of hours per week ____
DUTIES AND RESPONSIBILITIES:	
DID YOU SUPERVISE EMPLOYEES?	
LIST EQUIPMENT, MACHIHNER, SOFTWARE USED:	
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER?