Adult Application for Workforce Services

This information is to be utilized for documentation of possible WIOA program eligibility.

Name:

Current Address:

Street Address (no PO Boxes) City State Zip Code

Telephone #: ( ) **Email:**

Gender: ☐ Male ☐ Female

If you are a male born after January 1, 1960 and are 18 years or older, are you registered with the Selective Service?

Yes # ☐ No

Race/National Origin: ☐ White ☐ Black/African American ☐ Hispanic or Latino ☐ Native Alaskan ☐ American Indian ☐ Asian ☐ Hawaiian or other Pacific Islander

Other:

Citizenship: ☐ Citizen of U.S. or U.S. Territory ☐ U.S. Permanent Resident ☐ Registered Alien/Refugee

Education Status:

High School Dropout - Grade Level

Some College or Tech School - Number of Yrs.

High School Graduate (including GED) ☐

College – ☐ Associate ☐ Bachelor ☐ Master ☐ Ph.D.

Year attained:

Are you receiving any of the following assistance:

☐ Temporary Assistance ☐ Food Stamps/SNAP

☐ General Assistance ☐ SSI or any Social Security Benefits

☐ Refugee Assistance ☐ Free Lunch (Ages 14 – 21 and in school)

Please name all family members currently living in your home – include yourself:

Full Name	Relationship	Age	Date of Birth	Social Security # **last 4 digits only**	Employed Yes or No
Applicant	Self				Select
					Select
					Select
					Select
					Select
					Select
					Select

Are you a Veteran? ☐ Yes ☐ No If yes, what branch? Dates of Service:

Are you the Spouse of a deployed Veteran? ☐ Yes ☐ No

Employment Status: ☐ Unemployed ☐ Employed Fulltime ☐ Employed Part-time ☐ Never Worked

UI Benefits: ☐ Receiving Benefits ☐ Eligible but not receiving ☐ Exhausted Benefits ☐ Not Eligible

I am interested in: (prioritize 1, 2, 3, 4)

Classroom Training Select Apprenticeship Select

On-the-Job Training Select Employment Assistance Select

Employment Information: please list your most recent employment information.

Employer Name: **Job Title:**

Dates of Employment: **Average Hrs. per week:** **Final Hourly Wage:**

Reason for Leaving:

☐ Lay-off ☐ Quit ☐ Fired ☐ Still Employed ☐ Previously Self-Employed

If you have had more than one job within the last 12 months, please list the information below:

Please, list any special circumstances:

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds to be ineligible for the WIOA program or any other programs at the MO Job Center of St. Charles County.

Signature: _____ **Date:** _____

Return completed application to: vswartzenberg@stchas.edu ***Our fax number is 636.255.6061***

Interviewer's Signature: _____

St. Charles County and its Workforce and Business Development department are equal opportunity employers/programs. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services at 7-1-1.

11/2019