

WIOA Objective Assessment - DLW

(Please Complete in Ink)

Application Date: _____

Personal

Name: _____ Social Security Number (optional/last 4): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Birthdate: _____

Email Address: _____ Do you consider yourself to have a disability? Yes No

Foster Child? Yes No U.S. Citizen? Yes No Resident Alien? Yes No

Have you ever been enrolled in a WIA/WIOA Program? Yes No If so, where & when? _____

Education

Highest Grade Completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 and/or GED

Date Last Attended School _____ Last School Attended _____

Experience (Please List Most Recent First)

1. Company Name: _____ Phone Number: _____

Address: _____

Your Title: _____ Hourly Wage: _____

Dates Employed _____ to _____ Final Salary \$ _____

Hours Worked Per Week _____ Supervisor's Name _____

Job Duties _____ Reason for Leaving _____

2. Company Name: _____ Phone Number: _____

Address: _____

Your Title: _____ Hourly Wage: _____

Dates Employed _____ to _____ Final Salary \$ _____

Hours Worked Per Week _____ Supervisor's Name _____

Job Duties _____ Reason for Leaving _____

Additional Training and Information

Use the space below to list any additional training you have received, any additional qualifications you have, or to expand upon any statements made above. _____

Professional Licenses or Certificates Held: _____

What hours or shifts are you available to work? _____

Do you have children? Yes No, Are they school age? Yes No

If you have children, and they, do they receive free or reduced lunch? Yes No

Will childcare be a barrier to your employment? Yes No

Are you willing to provide your own transportation for employment? Yes No

Are you legally eligible to work in the U.S.? Yes No

Have you ever been fired or forced to resign from a job? Yes No

If so, please explain? _____

Have you ever been convicted of a law violation (other than minor traffic offenses) as an adult?

Yes No If so, please explain: _____

Unemployment

Number of week's applicant unemployed in past 26 weeks: _____ Weeks

Applicant receiving unemployment compensation? Yes No

If NO, has applicant filed claim for unemployment and been determined eligible? Yes No

Has applicant received layoff notice in past 6 months? Yes No ___ If YES, date received: _____

Military Experience

Branch of Service: _____ Final Rank: _____

Discharge Date: _____ Type of Discharge: _____

Special Training Received: _____

