

WIOA Objective Assessment

(Please Complete in Ink)

Application Date: _____

Personal

Name: _____ Social Security Number: _____

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 _____

Did you have an IEP during your high school enrollment Yes No, explain: _____

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: _____

Comments/Concerns/Accommodations Needed

Family Income

List the Names of all Family Members Presently Living in the House	Age	Relationship to the Applicant	Has this Person Worked in the Last 6 Months?	If so, total Gross Amount Earned Last 6 Months
		Self		

Does any Member of Family Living at Home Receive:	Yes	No	Family Member	Amount/Month
Welfare Payments (TANF)?				
Food Stamps? Within the last 6 months () Currently ()				
Unemployment Insurance?				
Child Support?				
S.S.I.?				
Veteran's Assistance?				
Social Security Disability?				
Worker's Compensation?				
Alimony?				
Social Security Survivors?				
Social Security Retirement?				
College Financial Aid?				
Other?				

Signatures

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I further certify that, to the best of my knowledge, no member of my immediate family is employed in any administrative or supportive function in this agency or any other agency/organization supported by this Workforce Investment Area. As used here, FAMILY means "Two or more persons related by blood, marriage, or decree of court, who are living in a single residence and are: (1) a husband, wife, and dependent children, or (2) a parent or guardian and dependent children, or (3) a husband and wife."

Applicants Signature

Date

Parent, Guardian, or Responsible

Date

OFFICE USE

List all members of the family who have had income in the past 26 weeks

Family Member	Source/Type of Income	Excluded Income (6 mo)	Included Income (6 mo)

Explain if family income totals \$0 Total Income 6 mos: \$ _____

Annualized Income: \$ _____

Comments: _____

Interviewer's Signature

Date