

NEW RIVER | MOUNT ROGERS REGION

Application Date _____

I want help getting a job and do not wish to enroll in training right now. *(Complete Section I Only.)*I need help with training and training-related expenses. *(Complete All Sections.)*

Are you eligible to work in the United States? Yes No If no, contact staff before completing.

What is your Career Goal? _____

How did you hear about us? _____

SECTION I: DEMOGRAPHIC INFORMATION

Name: _____

Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____ Secondary Email: _____

Date of Birth: _____ Highest Educational Level Completed: _____

Last School Attended: _____ Date Last Attended: _____

Do you have Dependent Children? No Yes If yes, how many? _____

Do you have Access to a Computer and the Internet? No Yes

Are you (or were you previously) in Foster Care? No Yes

Upon completion of training, do you intend to seek full-time paid employment in the occupation in which you were trained? No Yes

Upon completion of training, where do you intend to seek employment? _____

Are you a Veteran? No Yes Are you a Spouse of a Veteran? No Yes

Branch of Service: _____ Final Rank: _____

Discharge Date: _____ Type of Discharge: _____

Special Training Received: _____

If you are unemployed, list number of weeks unemployed in the past 26 weeks: _____

Unemployment Insurance Benefits *(Check all that apply)*: Applied Received Exhausted

SECTION II: ASSISTANCE NEEDED TO OBTAIN CAREER GOAL

Funding is available for all or most of these situations. Your answers help us see what programs you may be eligible for. All information is confidential and held in the strictest of confidence.

Check all of the following that apply to you:

- In a low-wage job Disability Homeless Childcare issues
Struggles with Reading/Writing/Math Struggles with Technology
English is not my primary language Substance Use (alcohol, street drugs, prescription drugs)
Criminal History: Charges _____ State: _____
List any Pending Charges _____ State: _____

If you have additional barriers, please include in Section VI.

SECTION III: EMPLOYMENT AND EXPERIENCE

Have you worked during the last six months? No Yes
• If yes, what is the total gross amount you earned? _____

Have you ever been fired or forced to resign from a job? No Yes
• If yes, please explain _____

List your employment experience (most recent first)

Company Name: _____ Phone: _____
City: _____ State: _____ Job Title: _____
Wage: _____ Dates Employed: _____ to _____
Hours Worked per Week: _____ Job Duties: _____
Reason for Leaving: _____

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City: _____ State: _____ Job Title: _____
Wage: _____ Dates Employed: _____ to _____
Hours Worked per Week: _____ Job Duties: _____
Reason for Leaving: _____

If you have additional work experience, please include in Section VI.

SECTION IV: HOUSEHOLD INFORMATION

List family members living in your home and any benefit amount they receive monthly:

Your Information: Wages: \$ _____ TANF: \$ _____ SNAP: \$ _____ UI: \$ _____
SSI: \$ _____ SSDI: \$ _____ Survivors: \$ _____ Retirement: \$ _____
Child Support: \$ _____ Veteran's Assistance: \$ _____ Other income: \$ _____

Name of Family Member and Relationship: _____ Age: _____
Wages: \$ _____ TANF: \$ _____ SNAP: \$ _____ UI: \$ _____ SSI: \$ _____
SSDI: \$ _____ Survivors: \$ _____ Retirement: \$ _____
Child Support: \$ _____ Veteran's Assistance: \$ _____ Other income: \$ _____

Name of Family Member and Relationship: _____ Age: _____

Wages: \$ _____ TANF: \$ _____ SNAP: \$ _____ UI: \$ _____ SSI: \$ _____
SSDI: \$ _____ Survivors: \$ _____ Retirement: \$ _____
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Name of Family Member and Relationship: _____ Age: _____
Wages: \$ _____ TANF: \$ _____ SNAP: \$ _____ UI: \$ _____ SSI: \$ _____
SSDI: \$ _____ Survivors: \$ _____ Retirement: \$ _____
Child Support: \$ _____ Veteran's Assistance: \$ _____ Other income: \$ _____

If you have additional family members in your home, please include in Section VI.

Total: \$ _____

SECTION V: SUITABILITY INFORMATION

The New River/Mount Rogers Workforce Development Board programs provide financial assistance for individuals who want to improve themselves through training and employment. Please tell us a little about yourself, your career goals, and how these programs can help support you in successfully accomplishing your goals. Use this opportunity to provide as much detail about yourself.

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 the New River/Mount Rogers Workforce Development Board or any agency or supported by the board. 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.”

Applicant's Signature

Date

Parent's Signature if under 18

Date

SECTION VI: ADDITIONAL INFORMATION

Applicant and/or Staff: Include any information about this applicant not otherwise on this form that can help determine the applicant’s eligibility and suitability for program funding.