



Western Wisconsin
Workforce Innovation and Opportunity Act (WIOA) Application
E3 Works Program

Applicant Information

Full Name:

Last

First

M.I.

 Date:

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

County: Email

Phone: Date of Birth Do you lack a fixed, regular, and adequate nighttime residence (homeless)? YES NO ☐ ☐

Military Service

Are you a current or Veteran member of the military? YES NO Is your spouse in the military or a Veteran? CURRENT VETERAN NEITHER ☐ ☐ ☐ ☐ ☐

Please check which one applies: <=180 days Veteran Person None of the above Have you attended any Transition Assistance Program workshops within the last 3 years? YES NO ☐ ☐ ☐ ☐ ☐ ☐ ☐

Active Duty Begin Date Active Duty End Date

Demographics

Gender: Male Female Other Social Security Number*

Race: American Indian or Alaskan Native Asian Hmong Black or African American Hawaiian Native or other Pacific Islander White Other

Ethnicity: Hispanic or Latino

Preferred Language: English Other (please specify)

English Language Learner (native language is not English or live in a family/community where a language other than English is the dominant language) YES NO Cultural Barriers (perceive as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment) YES NO ☐ ☐ ☐ ☐

Are you a citizen of the United States? YES NO If you are male and born after 1/1/1960, are you registered for selective service? # YES NO ☐ ☐ ☐ ☐

If no, are you authorized to work in the U.S.? YES NO If you are legally authorized to work in the US, what is your work authorization expiration date? YES NO ☐ ☐ ☐ ☐

Are you currently incarcerated? YES NO Offender/Ex-Offender: YES NO ☐ ☐ ☐ ☐

Have been dependent on the income of another family member, but no longer supported by that income? YES NO Are you a single parent? YES NO ☐ ☐ ☐ ☐

*The Code of Federal Regulations, Title 20, Section 677.175 authorizes this program to request your social security number (SSN). We use your SSN to collect employment and educational outcome information for federal reporting. **Your SSN will be used only for this purpose.** The state and federal governments use outcome information to evaluate how to best help future program participants.

It is your right to choose not to provide your SSN. If you do not provide your SSN, it will not have any effect on the services you are eligible to receive. Because the program will not be able to use your SSN to collect employment and educational outcome information for federal reporting, you agree to tell staff who contact you after you exit the program:

- if you are employed,
- how much you are earning,
- if you are enrolled in an educational program, and
- if you have earned any credentials.



Family and Income

This information may be used to determine eligibility for program funding. WIOA’s definition of **FAMILY** for these purposes is the following:

FAMILY: Two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:
1) a married couple and dependent children. 2) Parent or guardian and dependent children. 3) A married couple.

Please list below every family member currently living in your home.

Name	Relationship to You	Age	Employer/ Source of Income	Hourly Wage	Hrs / Week	Start Date	End Date
	Self						
If any of your family members have had more than one job in the last 6 months, please list on a separate line							

Do you or any of your family receive any of the following assistance? (Please check all that apply)

FoodShare

ANYTIME DURING THE LAST 6 MONTHS

CURRENTLY RECEIVING

HAVE NOT RECEIVED FOODSHARE WITHIN LAST 6 MONTHS

Other Income Based Cash Public Assistance (cash or a cash equivalent, such as a debit card or check, that can be spent however the recipient choses, and is not restricted to a specific purpose like groceries or childcare)

YES

NO

Source of Assistance:

TANF: W-2 Community Service Jobs, W-2 Transition, W-2 Custodial Parent of an Infant Benefit, Kinship Care, SSI Caretaker Supplement Benefits

LAST 6 MONTHS

CURRENTLY RECEIVING

For each type of income listed below, please write the amount your family in this household has received per month, within the last six months (Include all income from household members listed above.)

	Per Month	Last Six Months		Per Month	Last Six Months
Gross Wages/Salary/Tips/Fees/Commissions/Bonuses			Income from estates, trusts, and life insurance policies		
Net self-employment income			Annuities		
Unemployment Compensation			Interest and Dividends		
Worker’s Compensation			Net rental income		
Alimony			Royalties		
Child Support received					
Social Security (Old Age, Survivor’s, Disability Insurance) Do NOT count Supplemental Security Income (SSI)			Retirement income (includes income from defined benefit and defined contribution plans and military retirement pay)		

Alternate Contacts

1st

Name

Relationship

Telephone Number

2nd

Name

Relationship

Telephone Number

Education					
Are you CURRENTLY attending school? (Please check)	NOT ATTENDING ANY SCHOOL RIGHT NOW ☐	IN HIGH SCHOOL/ GED/HSED ☐	IN POST-SECONDARY EDUCATION (Includes being registered for classes) ☐		
What is the HIGHEST grade level or college level that you have completed?			Are you currently receiving a Pell Grant?	YES ☐	NO ☐
Please list any diplomas, certificates, or degrees attained:					
Employment					

Are you currently employed?	YES ☐	NO ☐	Are you unemployed (or received notice of layoff) due to a permanent layoff, plant closing, or farm closure?	YES ☐	NO ☐	
Company:			If on Layoff, Dislocation Date:			
Did you attend a Dislocated Worker Rapid Response information session with your peers where you were dislocated?	YES ☐	NO ☐	Information Session Date:			
Are you currently receiving Unemployment Compensation?	YES ☐	NO ☐	Were you referred to WIOA from Unemployment Insurance or RESEA?	YES ☐	NO ☐	
Are you exempt from your work search for Unemployment Compensation?	YES ☐	NO ☐	Have you received Unemployment Compensation in the <i>past</i> , but have exhausted your benefits?	YES ☐	NO ☐	
				Are you currently seeking employment?	YES ☐	NO ☐

WORK HISTORY - (Start with your most recent job)					
From: ___/___/___	Hourly Wage \$___	Employer	_____		
To: ___/___/___	# of hours per week ___	Address	_____		
Job Title: _____		Reason for Leaving:	_____		
From: ___/___/___	Hourly Wage \$___	Employer	_____		
To: ___/___/___	# of hours per week ___	Address	_____		
Job Title: _____		Reason for Leaving:	_____		
From: ___/___/___	Hourly Wage \$___	Employer	_____		
To: ___/___/___	# of hours per week ___	Address	_____		
Job Title: _____		Reason for Leaving:	_____		

I attest that the information provided on this form is true to the best of my knowledge.

Signature: _____	Date: _____
FOR STAFF USE ONLY	
Seen by: _____	ASSET PIN: _____
Staff Recommendations must be in case notes.	

Babel Notice
In accordance with 29 CFR 38.9 (g)(3), Limited English Proficient (LEP) individuals seeking access to information about WIOA programs offered through the Western Wisconsin WDB and its American Job Center partners, will receive language assistance in all communications of vital information. Vital information is defined as information, whether written, oral, or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service and/or training; necessary for an individual to obtain any aid, benefit, service and/or training; or required by law. An interpreter, as well as the availability of free language assistance such as rulebooks; written tests that do not assess English language competency, but rather assess competency for a particular license, job, or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant or employee will be provided to all LEP individuals at no cost to the individual.

English IMPORTANT! These are documents that contain important information about WIOA training services; how to apply for training services; and your rights, responsibilities and/or benefits. It is critical that you understand the information in these documents. You can receive telephone translation assistance of all documents by calling (608) 789-4584 at no cost to you.

Español ¡IMPORTANTE! Hay documentos que contienen información importante acerca de los servicios de capacitación de WIOA, cómo solicitar servicios de capacitación, sus derechos, responsabilidades y / o beneficios. Es fundamental que entienda la información de estos documentos. Usted puede recibir asistencia de traducción telefónica de todos los documentos por calling (608) 789-4584 sin costo alguno para usted.

Deutsch WICHTIG! Es gibt Dokumente, die wichtige Informationen über WIOA-Schulungsdienste enthalten; wie man sich für Ausbildungsdienste bewirbt; und Ihre Rechte, Pflichten und/oder Vorteile. Es ist wichtig, dass Sie die Informationen in diesen Dokumenten verstehen. Sie können telefonische Übersetzungshilfe für alle Dokumente erhalten, indem Sie (608) 789-4584 kostenlos anrufen.

Hmoob TSEEM CEEB! Muaj cov ntaub ntawv uas muaj cov ntaub ntawv tseem ceeb txog WIOA cov kev pabcuam kev cob qhia; yuav ua li cas thov rau kev pabcuam kev cob qhia; thiab koj cov cai, lub luag haujlwm thiab / lossis cov txiaj ntsig. Nws yog ib qho tseem ceeb uas koj nkag siab cov ntaub ntawv hauv cov ntaub ntawv no. Koj tuaj yøem tau txais kev pab txhais lus hauv xov tooj ntawm txhua cov ntaub ntawv los ntawm kev hu rau (608) 789-4584 yam tsis tau them nqi rau koj.

Accommodation Requests

Auxiliary aids and services are available upon request to individuals with disabilities. Please contact your WIOA Title I Career Planner or the Western Wisconsin WDB office for such requests.

Wisconsin Relay (7-1-1)

Wisconsin Relay is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech-disabled. The service is available by dialing 7-1-1 or by calling TTY 1-800-947-3529. For more information, visit www.wisconsinrelay.com.

EO Tagline

Western Wisconsin Workforce Development Board is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Tira Ferry, Equal Opportunity Officer, at 608-789-4584 or tira@westernwdb.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

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