

REGION 12 YOUTH APPLICATION

JOB TRAINING PARTNERS/WIA

4647 Stone Avenue, P.O. Box 5199

Sioux City, IA 51102-5199

**We are pleased that you are interested
in pursuing our services as a means to improve your future.**

When you have completed this application, please call our office to schedule an appointment with

_____ to visit about your interest in JTP/WIA.

YOU MAY NEED TO BRING THE FOLLOWING ITEMS WHEN YOU MEET WITH US:

_____ Your SOCIAL SECURITY CARD – OR – BIRTH CERTIFICATE.

_____ Your DRIVER'S LICENSE – OR – PICTURE IDENTIFICATION.

_____ PROOF OF GROSS INCOME RECEIVED from ALL SOURCES for ALL IMMEDIATE FAMILY MEMBERS
(related by blood, marriage, or adoption) IN YOUR HOUSEHOLD between the dates: _____ to _____

If you are unable to provide any of the above items that are checked,
or if you have questions about filling out this application, please call us.

274-6401 or 1-800-352-4649

In accordance with Title IX of the Educational Amendments of 1972, Section 504 of the Vocational Rehabilitation Act of 1973, Title VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act (ADA) of 1990, Western Iowa Tech Community College does not discriminate on the basis of disability, sex, race, color, religion, or national origin in its educational programs, activities, admission procedures, or employment practices.

I certify that the information I have provided on this application is true to the best of my knowledge. I am also aware that the information I have provided may be reviewed and verified, and that I may have to provide documents to support this information. I allow the release of this information and the consent to obtain information from Partner or other agencies for documentation purposes and for the provision of services. I authorize the release of Job Insurance information from Iowa Workforce Development for purposes of verification of program eligibility and need determination.

Further, I understand that this information will be used to determine my eligibility for programs under WIA/Job Training Partners. I am aware that I am subject to immediate termination and that I may be prosecuted for fraud and/or perjury if I am found ineligible after enrollment. Also, I authorize the use of my Social Security number as an identifier for program administrative purposes.

The JTP staff has discussed with me the importance of customer satisfaction and the possibility of being contacted for information on my level of satisfaction for the services I will receive.

Applicant's Signature

Date

Parent/legal guardian of the above applicant: I certify by my signature below that the information provided is correct to the best of my knowledge and that, if accepted, my dependent may participate in the WIA/Job Training Partners program.

Parent/Legal Guardian Signature

Date

Representative Signature

Date

STAFF USE ONLY:

Eligibility verified and enrollment approved by:

Signature of Staff Approving: _____

Date Approved: _____

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General Information (Circle Yes or No)

Social Security Number: _____

BIRTHDATE _____ / _____ / _____
Month Day Year

NAME: Last _____
First _____
Middle _____

AGE: _____

GENDER: Male Female

ADDRESS: Street _____
City _____
County _____
State _____ Zip _____

ETHNIC GROUP:

_____ American Indian/Alaskan Native
_____ Asian
_____ Black/African American
_____ Hawaiian Native/Other Pacific Islander
_____ White

PHONE: Home _____

Yes No Do you consider yourself Hispanic/Latino?

MESSAGE PHONE: _____

Yes No Are you a U.S. citizen?

E-MAIL: _____

Yes No **If No**, are you authorized for employment?

ISN Alien Number: _____

Yes No Are you registered with the Selective Service?

Yes No Individuals may be eligible for training services if they believe they have a disability. Do you believe you have a disability?

Yes No **If Yes**, do you consider the disability to be a substantial impediment to employment?

If Yes, please explain: _____

Veterans Information

Yes No Are a current or former member of the U.S. Armed Forces?

Employment Status

Which labor force status describes you?

Employed Unemployed **If Employed**, how many hours per week do you work? _____

Yes No Do you believe you are underemployed, working fewer hours than needed or working in an occupation not consistent with your education and experience?

Yes No Have you had any farm employment in the last 12 months?

If Yes, answer the following questions:

Yes No Did you work 25 or more days in the last 12 months in farm work?

Yes No Was the farm work less than full time?

Yes No Are or were you a full time student when performing the farm work?

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INCOME WORKSHEET

List *all* sources and *gross amounts of income* received from all *family and household members* during the previous 6-month period.

The 6-month period you are using is from _____ to _____.

Income Source:	Name of Employer Paying Wages	Name of Household Member Receiving Income	Past 6 Months' Total Income Before Taxes
* Wages			
* Wages			
* Wages			
* Worker's Compensation			
* Social Security Disability			
* Other Periodic Income			
Unemployment			
FIP			
Foster Care Payments			
Training Stipend/Payment i.e., GI Bill, Green Thumb, Work Study (Title IVHEA)			
Social Security Retirement			
Child Support			
26-WEEK TOTAL			
* Self-Employment or Farm Profit or Loss (12-month period)			

STAFF ONLY			
Six-month Total	\$ _____	X 2	= \$ _____
12-month Self-employment Earnings	\$ _____		
Annual Earnings	\$ _____		

I certify that the information above is true to the best of my knowledge.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

List below present and past employment, beginning with your most recent (minimum two years work history)

Name and Address of Company	FROM			TO			Hours Per Week	Hourly Wage	Months Experience	Reason for Leaving
	Mo	Day	Yr	Mo	Day	Yr				
	Describe the type of work you did.									
Job Title:										

Name and Address of Company	FROM			TO			Hours Per Week	Hourly Wage	Months Experience	Reason for Leaving
	Mo	Day	Yr	Mo	Day	Yr				
	Describe the type of work you did.									
Job Title:										

Name and Address of Company	FROM			TO			Hours Per Week	Hourly Wage	Months Experience	Reason for Leaving
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Name and Address of Company	FROM			TO			Hours Per Week	Hourly Wage	Months Experience	Reason for Leaving
	Mo	Day	Yr	Mo	Day	Yr				
	Describe the type of work you did.									
Job Title:										

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Education Information

	Name & Location of School	Dates Attended	Program	Did You Graduate?	Year Graduated
High School					
Business or Voc Tech School					
College or University					
GED					
Other Training					

Highest Grade Completed (Circle One): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

Yes No Did you participate in a Special Education class?

Which statement below best describes your education status?

- Student HS or less
 Student attending post HS
 Out-of-school/HS dropout
 HS grad with employment difficulties
 HS grad with no employment difficulty

Which phrase below best describes your education level?

- No diploma, degree, or certificate
 Certificate of Completion
 GED
 HS diploma
 Vocational Certificate
 Associate's Degree
 Bachelor's Degree

Yes No Do you have plans to go to school?

If Yes,

When? _____

Where? _____

What Program? _____

Yes No Are you a Pell Grant recipient?

If Yes, what is the amount? \$ _____

Date of last Pell Grant payment: ____/____/____

Yes No Are you receiving or did you receive services through a state rehabilitation services program or the Veterans Administration?

Yes No If you are a HS student or less, are you considering dropping out of school?

Yes No Do you have limited English proficiencies because your native language is not English?

Yes No Are you unable to compute or solve math problems and/or read, write, or speak English?

Yes No Have you registered to find work with Workforce Development (Job Service)?

If Yes, when? _____

Yes No Are you or any member of your household currently or previously self-employed?

If Yes, status of business: _____

Family Status (Check all that apply)

- Live with my family
 Single head of household
 Parent in 2-parent family
 Emancipated Youth
 Is or was in foster care
 Live in group home
 Independent individual
 Married, no dependents
 Married
 Single
 Divorced
 Separated
 Widowed

List **ALL** persons who are living in your household, whether related or not, and also family that temporarily reside elsewhere

Name:	Date of Birth	Age	Relationship to You

Yes No Do you have dependents not living in the household?
 Name and telephone number of person who can verify family size: _____

Other Information

Yes No Are you or have you been in any stage of the criminal justice process?
 Describe the legal problem: _____

Yes No Do you have any felony or misdemeanor arrests or convictions?
 Yes No In the past year, have you been convicted of a felony or released from prison after a felony conviction?
 What was the date of conviction? ____/____/____
 What was the date of release? ____/____/____
 Provide details regarding arrests and convictions: _____

Yes No Are you involved in any pending legal actions?
 Describe the pending legal actions: _____

Yes No Are you under any court orders?
 Describe the court order: _____

Yes No Have you been, are you, or do you need to be involved in substance abuse treatment in order to obtain employment?

Yes No Are you experiencing physical or mental health problems?

Yes No Do you lack support of family or friends?

Yes No Are you experiencing family problems?

Yes No Are you or any member of your family receiving Temporary Assistance to Needy Families (FIP/TANF)?

Yes No Are you receiving food stamps or did you receive them in the last six months?

Yes No Are you providing custodial care for a child?

Yes No **Females:** Are you pregnant?

Yes No **Males:** Are you the father of an unborn child?

Yes No Do you have children for whom you are financially responsible?