



WIOA Application

The WIOA Application form is used to obtain the necessary information from you in order for our case managers to determine your eligibility. The information which you are voluntarily providing will be kept confidential. We recognize the diversity of each individual and do not discriminate based on gender, age, race, national origin, marital status, sexual orientation, religion or differing mental or physical capacity.

***Please note: If your information has changed or is over 30 days old you will need to update your current WIA application.**

Application Date: [Click or tap to enter a date.](#)

| | |
|---|--|
| Name _____ | SSN _____ |
| Birth Date _____ | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | |
| Race <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other | |
| Native or Primary Language _____ | |
| Address _____ | |
| City _____ | State _____ Zip Code _____ County of Residence _____ |
| Mailing Address if different Click or tap here to enter text. | |
| Email Address _____ | |
| Phone # _____ Alternate # _____ | |

Are you currently employed? No Yes

Hours/week _____ Wage _____

Reason for unemployment: if no to above

| | |
|--|--|
| <input type="checkbox"/> Business closure | <input type="checkbox"/> Lay off <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Temporary employment | <input type="checkbox"/> Business downsizing |
| <input type="checkbox"/> Fired <input type="checkbox"/> Quit | <input type="checkbox"/> Seasonal lay off (seasonal worker) |
| <input type="checkbox"/> Never worked outside the home | <input type="checkbox"/> Other Click or tap here to enter text. |

Driver's license

Do you have a valid driver's license? Yes No State of Issue _____

Class: Passenger car Combination (tractor/trailer) straight truck/school bus

Endorsements [Click or tap here to enter text.](#)

Current Educational level:

Highest school grade completed
 Grade School Choose an item.
 High School 9
 Post-Secondary Choose an item.

Highest degree obtained Choose an item.
 School Attended Click or tap here to enter text.
 Date Click or tap here to enter text.
 Major Click or tap here to enter text.

Currently in school: Yes No
 School Click or tap here to enter text.
 Major Click or tap here to enter text.

Military/selective service

| | |
|--|--|
| Registered for the selective service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the applicant served in the US Military? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Specialized training received | Click or tap here to enter text. |
| Do you have a service-connected disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain | Click or tap here to enter text. |
| Are you a spouse of a veteran? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Citizenship status

| | | |
|-------------------------------------|--|--------------------------------|
| <input type="checkbox"/> US Citizen | <input type="checkbox"/> Registered Alien | <input type="checkbox"/> Other |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Other Legal Alien | |

- Do you have a disability that prevents you from working? Yes No
 If yes, explain Click or tap here to enter text.
- Do you have any limitation that would affect your work performance? Yes No
 (If yes, explain) Click or tap here to enter text.
- Do you receive unemployment benefits? Yes No
- Are you a foster child on whose behalf state or local government payments are made, or a child under the legal custody of Children Services? Yes No
- Do you or your family members receive Food Stamps, OWF cash assistance or cash payment under a federal, state, or local income-based program? Yes No
 Last Date Received Click or tap here to enter text.

Family Income:

(Dislocated workers do not need to provide this information, but must provide proof of layoff (unlikely to return), plant closure, downsizing etc.)

Family income means the total family income (before taxes) received by each family member. As used here, FAMILY means- two or more persons related by blood, marriage, or decree of court, who are living in a single residence.

- WIOA applicants are required to provide past income verification beginning with the application date to calculate 6 months income
- List all family members whether they have income or not

| Full Name | Family Relationship | Date of Birth | Source of income | Gross Dollar Amount of Income | Begin Income Date | End Income Date |
|-----------|---------------------|---------------|------------------|-------------------------------|-------------------|-----------------|
| | Self | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Is the applicant, or anyone related to the applicant a:

Yes No County, One-Stop or State employee

Yes No Elected Official, WIB member or Youth Council member

If Yes to any above:

Relationship [Click or tap here to enter text.](#) Name [Click or tap here to enter text.](#)

Position [Click or tap here to enter text.](#)

Certification

I certify that the information I have provided is true to the best of my knowledge. My signature authorizes the OhioMeansJobs|MadisonCounty to release and/or obtain information from other agencies or employers needed to determine my eligibility for WIOA services.

Applicant Signature

Date

Parent/Guardian

Date

WIOA Case Manager

Date

Warning: 18U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both.