



WorkSource Application for WIA

Please fill in every blank or circle the most appropriate answer when choices given.

SS# _____ - _____ - _____ Email address _____ Title: Mr. Ms. Mrs. Dr.

First Name _____ M.I. _____ Last Name _____ Suffix _____

Primary Ph #:(_____) _____ Ext _____ Alternative Ph #:(_____) _____ Ext _____ Type? Cell work family

Current Address _____ Apt #: _____ City _____

County _____ State _____ ZIP Code _____ - _____ Preferred Language you use _____

Preferred mode for correspondence: Email Mail Phone WorkSource office preferred _____ Date of Birth _____

Gender _____ Race: Am. Indian/Alaskan Native Asian Black Pac. Islander White Multi-racial Ethnicity: Hispanic Non-Hispanic

Driver's License # _____ Do you have an occupational license? Y N Area _____

If you are MALE, are you registered with Selective Service? Y N Are you a: US Citizen/Naturalized Citizen Lawful Alien/Refugee

Do you have a disability? Y N Please describe _____ Are you currently enrolled in school? Y N

Circle highest education completed: 4 5 6 7 8 9 10 11 12/GED AA/AS/Occup. Certificate BA/BS Master's Doctorate

Are you currently employed? Y N Do you have limited English skills? Y N Do you have a limited or poor work history? Y N

Are you receiving SSI or SSDI? Y N Are you receiving general (public) assistance? Y N Are you receiving refugee assistance? Y N

Are you currently receiving Food Stamps? Y N Are you receiving TANF? Y N Are you receiving Welfare Transition? Y N

of weeks unemployed in the last 26 weeks? _____ Unemployment Comp status? _____ Are you seeking full-time employment? Y N

Have you ever been convicted of a felony? Y N Are you homeless or a runaway youth? Y N Are you a displaced homemaker? Y N

Number of members in your family _____ # dependents under age 18 _____ Family status? Single head of household 2-parent

Are you a single parent? Y N Are you a family of one? Y N Annual family income (approx.)\$ _____/year

Most recent employer name _____ Industry _____

Specific job title _____ Field of employment _____

Hourly employment wage \$ _____/hour Reason for your dislocation? Layoff (permanent or temporary) Fired Quit

Date of dislocation _____ Length of employment before you became dislocated _____ years _____ months

Next most recent employer name _____ Industry _____

Specific job title _____ Field of employment _____

Job titles of work you are seeking _____ Min. acceptable salary \$ _____ per: hour year

Are you a veteran? Y N **Are you a military spouse?** Y N Did you serve in Vietnam? Y N Veteran status < 180 days 180+ days

Separated within the last 120 days? Y N Did you serve in a specific campaign? Y N Which one? _____

Are you a disabled veteran? Y N Are you a special disabled veteran? Y N Percent disabled _____

I hereby certify, to the best of my knowledge, the above information is true. I agree and understand that any willful misstatement of facts may cause forfeiture of my status in the program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand disclosure of my SS# is voluntary. It is requested however, pursuant to Section 119.071 (5)(a), Florida Statutes for the administration of WIA programs, and will be used in assessing and reporting program performance and accountability to the federal, state and local governmental or non-governmental agencies.

Print name: _____ Signature: _____
Date: _____

Staff member name: _____ Signature: _____ Date: _____