



STAFF ONLY Trade Act Petition Number: _____



INITIAL ELIGIBILITY APPLICATION

WIOA/GAP/GEER GAP II/PACE/Just in Time/POWER

I. GENERAL INFORMATION			
Name (Last, First, Middle Initial):		Social Security Number:	
Address:		Gender: Male Female Undeclared	
City:	State:	Zip:	Date of Birth (MM/DD/YY): Age:
County:	Phone Number:		Ethnicity Hispanic/Latino YES NO Undeclared
Email Address:			
Emergency Contact: (Name and Phone)			
Race (Check all that apply):			
Native American or Alaskan Native		Pacific Islander/Native Hawaiian	
Asian/Asian American		Black/African American	
		White	
		Undeclared	
U.S. Citizen: YES NO		Are you registered with the Selective Service? YES NO	
If you are NOT a U.S. Citizen, are you authorized to work in the U.S? YES NO		If YES, provide a copy of alien registration documentation including: Registration Number: Expiration Date:	
Is English your native language? YES NO			
Seasonal/Migration Worker: No Seasonal farm worker		Migrant food processor Migrant farm worker	
II. PERSONAL INFORMATION			
Employment status at time of application:			
Employed (includes any work as a paid employee, any work for your own business, any unpaid work in a family business, and a job from which you have temporarily been absent)			
Employed, but received Notice of termination of employment or military separation			
Not Employed			
Unemployment compensation eligible status:			
Claimant (NOT referred by WPRS)		Exhaustee Neither claimant or exhaustee	
Are you: Single Married Divorced		How many dependents do you have under the age of 18 in your household?	
How many people (including yourself) are in your household that are related to you by blood, marriage, or decree of court?			
Please list all household members & income, if applicable.		Monthly Income	Income Type * (Wages, Self-Employment, Social Security, Disability, Child Support)
Name / Relationship / Age			
(Self)			

*If NO household income is listed, please provide an explanation of how your living expenses are being met:

Are you.....					
Pregnant?	YES	NO	A displaced homemaker?	YES	NO
A single parent?	YES	NO	A victim or witness of violence or other abuse?	YES	NO
A high school drop out?	YES	NO	Homeless?		
In danger of dropping out?	YES	NO	If yes, do you live in a shelter?	YES	NO
A runaway?	YES	NO	Are one or both of you parents incarcerated?	YES	NO
A migrant or seasonal farm family member?	YES	NO			
A foster child?	YES	NO			

Do you have..					
Chronic behavior problems?	YES	NO	Limited English proficiency?	YES	NO
History of family literacy problems?	YES	NO	A lack of occupational skills/goals?	YES	NO
A substance abuse problem?	YES	NO	Any chronic problems or disabilities?	YES	NO

Have you ever been convicted of a misdemeanor? If YES, please list:	YES	NO

Have you ever been convicted of a felony? If YES, please list:	YES	NO

III. VETERAN STATUS

Veteran Status:
 NO (If no, continue to Section IV.)
 YES, Served Active Duty less than or equal to 180 days & had other than dishonorable/release
 YES, Eligible Veteran who served active duty over 180 days & had other than dishonorable/release
 YES, Other Eligible Person

Campaign Veteran:
 YES, Eligible Veteran who received a campaign badge or expeditionary, medal listed by OPM, for service
 NO

Disabled Veteran:
 YES, Disabled Veteran (Service-connected disability resulting in release from active duty and or entitlement to compensation. Disability rated between 0% and 30%)
 YES, Special Disabled (Rated at 30% or more or 10-20% and determined by DVA to have serious employment handicap.)
 NO

Transitioning Service Member
 YES, Active military status currently and either within 24 months of retirement or 12 months of separation from armed forces
 NO

Date of military separation (MM/DD/YY):

Have you attended a Transition Assistance Program (TAP) workshop within the past three years?	YES	NO
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III. SPOUSE OF VETERANS

NO (If no, continue to section V.)

YES, Veteran who died of a service connected disability

YES, Member of the Armed Forces serving on active duty who at the same time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:

- Missing in Action
- Forcibly detained or interned in the line of duty by a foreign government or power
- Captured in the line of duty by a hostile force

YES, Veteran who has a total disability resulting from a service connected disability, as evaluated by the Department of Veteran Affairs

YES, Veteran who died while a disability, as indicated was in existence.

V. DISABILITY STATUS

Disability:

- NO (If no, continue to Section VI.)
- YES, physical or mental impairment that limits one or more major life activity
- Undeclared

Category of Disability:

- Physical impairment (including mobility and sensory impairments)
- Mental impairments (including cognitive and learning impairments)
- BOTH physical and mental impairments
- Undeclared

If yes: Barrier to employment Undeclared

Do you have an Individual Education Plan (IEP)? (YOUTH ONLY) YES NO

VI. EDUCATION STATUS AND LANGUAGE SKILLS

Current Education Status:

- Not enrolled Attending HiSET classes
- Attending High School Attending post-secondary training

Are you currently a full-time student at Indian Hills Community College? YES NO

If yes, academic program: _____

If yes, are you currently receiving a Pell Grant? YES NO

If no, are you planning to attend school within the next four months? YES NO

What is your academic program of interest? _____

Highest Education Completed:

- Did not obtain HS diploma or equivalent; highest grade completed: _____
- Attained High School Diploma Attained Associate's Degree
- Attained GED or equivalent Attained Bachelor's Degree
- Attained other post secondary degree or certification Education beyond Bachelor's Degree

TABE Scores: Reading: Math: CASAS Score:

VI. INVOLVEMENT WITH OTHER AGENCIES

Within the last six months, have you received the following:

Family Investment Program (FIP)?	YES	NO	General Assistance or Refugee Cash Assistance?	YES	NO
Supplemental Security Income (SSI)?	YES	NO	Food Assistance (SNAP)?	YES	NO
Social Security Disability Insurance (SSDI)?	YES	NO	Free/Reduced Lunch?	YES	NO
			Foster Care? Type: _____	YES	NO

Please indicate any current or previous program involvement:

Contact Person:

- _____ Vocational Rehabilitation _____
- _____ Veterans' Administration _____
- _____ Promise Jobs _____
- _____ Workforce Innovation Opportunity Act _____
- _____ Trade Act _____
- _____ Proteus _____

_____ Probation/Parole	_____
_____ Work Release	_____
_____ County Relief	_____
_____ GAP/PACE	_____

VIII. EMPLOYMENT RELATED INFORMATION

Would you like your resume viewable on IWD's website?	YES	NO	Are you willing to relocate for work?	YES	NO
What is your work availability? Check all that apply.	Full-Time	Part-time	Seasonal	Temporary	
What shift(s) are you available to work? Check all that apply.	Day	Evening	Night	Rotating Split	
Will you work on Saturdays?	YES	NO	What is the minimum hourly wage you will accept?		
Sundays?	YES	NO			

IX. BARRIERS TO EMPLOYMENT AND/OR EDUCATION

Do you have a driver's license?	YES	NO	Do you have steady housing?	YES	NO
Do you have access to reliable transportation?				YES	NO
If applicable, do you have access to safe childcare?			N/A	YES	NO
Do you anticipate a need for assistance with bills?				YES	NO
Do you have a reliable source of communication? (cell phone, email etc.)?				YES	NO
Are you able to perform essential functions of this program/career with or without reasonable accommodations?				YES	NO
What other barriers do you think might prevent your success in the program? Please explain:					

X. EMPLOYMENT HISTORY (Starting with most recent.)

Name of business:		Location (City, State):			
From (MM/DD/YY):		To (MM/DD/YY):		Petition Number (TRADE ONLY):	
Have you received a termination notice/letter? YES NO		Full Time Part-Time Seasonal		Anticipated layoff date, if applicable	
Type of separation: Total Partial Threatened N/A		Last hourly wage rate:		Number of hours worked during the last full week of work:	
Reason for separation: Lack of Work Other (Specify)		If reason for separation was for other than lack of work, explain:			
Last job title:		Job duties:			
Name of business:		Location (City, State):			
From (MM/DD/YY):		To (MM/DD/YY):		Petition Number (TRADE ONLY):	
Have you received a termination notice? YES NO		Full Time Part-Time Seasonal		Anticipated layoff date, if applicable	
Type of separation: Total Partial Threatened N/A		Last hourly wage rate:		Number of hours worked during the last full week of work:	
Reason for separation: Lack of Work Other (Specify)		If reason for separation was for other than lack of work, explain:			
Last job title:		Job duties:			

Name of business:		Location (City, State):	
From (MM/DD/YY):		To (MM/DD/YY):	Petition Number (TRADE ONLY):
Have you received a termination notice? YES NO	Full Time Seasonal	Part-Time	Anticipated layoff date, if applicable
Type of separation: Total Partial Threatened	N/A	Last hourly wage rate:	Number of hours worked during the last full week of work:
Reason for separation: Lack of Work Other (Specify)		If reason for separation was for other than lack of work, explain:	
Last job title:		Job duties:	

APPLICANT INFORMATION CERTIFICATION

*I give this information to support my request for a determination of eligibility for the WIOA, GAP, GEER GAP II, PACE, Just in Time, and/or POWER.

*I certify that the information in this application is true and correct including the citizenship status information. If this information is found to be incorrect, I understand that I will be responsible for any overpayment and penalty made as a result of that incorrect information and that I may be prosecuted for fraud.

* I understand my criminal and driving record will be reviewed during eligibility review, and the findings may impact enrollment and/or assistance available.

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of federal financial assistance to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regards to, such a program or activity; or
- Making employment decision in the administration of, or in connection with, such a program or activity.

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

SIGNATURE OF APPLICANT		DATE	
<p>Parent/Legal Guardian (if applicant is under age 18): I certify by my signature below that the information provided in this application is correct to the best of my knowledge and that if accepted, my dependent may participate in employment and training programs.</p>			
SIGNATURE OF APPLICANT		DATE	



Release of Information for Wage Documentation

Please print clearly:

Name (First and Last)
Social Security Number

By completing this form, I give permission for Indian Hills Community College's Pathway Navigators to have access to wage information provided by IowaWORKS.

Documentation of household income is required to determine eligibility for GAP and/or PACE participation.

Signature and Date

Release of Information for Additional Programs and Services

I hereby authorize Indian Hills Community College's Pathway Navigators to share information provided on my application with the following agencies for the purpose of completing a referral for consideration of additional services for which I may qualify:

If you would not like a referral made, please check the box of the agency to which you are refusing referral.

- | | |
|---|--|
| <input type="checkbox"/> Iowa Vocational Rehabilitation | <input type="checkbox"/> Proteus |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> Dept. of Human Services |
| <input type="checkbox"/> Local community action agency | <input type="checkbox"/> Lions Club |
| <input type="checkbox"/> IowaWORKS | <input type="checkbox"/> General Assistance |

Signature and Date