



STAFF ONLY Trade Act Petition Number: \_\_\_\_\_



## Initial Eligibility Application

WIOA / GAP / PACE / Just in Time / POWER / Job Corps Scholars

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		White	
Asian/Asian American		Black/African American		Undeclared	
U.S. Citizen:	YES	NO	Are you registered with Selective Service?		YES      NO
If you are NOT a US citizen, are you authorized to work in the US?	YES	NO	If yes, provide a copy of alien registration documentation, including: Registration Number: _____      Expiration Date: _____		
Is English your native language?      Yes      No					
Seasonal/Migrant Worker:					
No			Migrant food processor		
Seasonal farm worker			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?					
<b>Please list all household members &amp; income, if applicable.</b>			<b>Income Type* (Wages, Self-Employment, Social Security, Disability, Child Support)</b>		
<b>Name / Relationship / Age</b>		<b>Monthly Income</b>			
(Self)					

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

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<b>Are you...</b>					
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 your parents incarcerated?	YES	NO
A migrant or seasonal farm family member?	YES	NO			
A foster child?	YES	NO			

<b>Do you have...</b>					
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 discharge/release  
 YES, Eligible Veteran who served active duty for over 180 days & had other than dishonorable discharge/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

**IV. SPOUSES 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 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 line of duty by a foreign government or power

Captured in 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 Veterans Affairs

YES, Veteran who died while a disability, as indicated above, 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 impairment (including cognitive and learning impairments)

BOTH physical and mental impairments

Undeclared

If yes: Barrier to employment Not a barrier to employment

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

Education beyond Bachelor's degree

degree or certification

TABE Scores: Reading: \_\_\_\_\_ Math: \_\_\_\_\_ CASAS Score: \_\_\_\_\_

#### VII. 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 reliable 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 the 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 the most recent.)**

Name of business:		Location (City, State):			
From (MM/DD/YYYY):		To (MM/DD/YYYY):		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: N/A _____ Total _____ Partial _____ Threatened _____		Last hourly wage rate:		Number of hours worked during 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/YYYY):		To (MM/DD/YYYY):		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: N/A _____ Total _____ Partial _____ Threatened _____		Last hourly wage rate:		Number of hours worked during 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/YYYY):		To (MM/DD/YYYY):	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:                    N/A ____ Total ____ Partial ____ Threatened ____	Last hourly wage rate:	Number of hours worked during 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, 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.

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
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**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.

<b>SIGNATURE OF PARENT/LEGAL GUARDIAN</b>	<b>DATE</b>
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## Release of Information for Wage Documentation

Please print clearly:

<b>Name (First and Last)</b>
<b>Social Security Number</b>

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.

<b>Signature and Date</b>

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## 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      |

<b>Signature and Date</b>