

Are you a Veteran? Yes No
If yes, what branch? _____ Dates of Service: _____ to _____

Employment Status: Unemployed Employed Full Time Employed Part Time Never Worked

UI Benefits: Eligible but not receiving Receiving Benefits Exhausted Benefits Not Eligible

ELIGIBILITY: Please check all characteristics that apply to you:

School Dropout (not including those that have completed a GED)

Homeless

Pregnant/Parenting Youth (24 years of age or under)

Substance Abuse

Foster Child

Disabled (Including LD, BD, ADD, ADHD, EMH)

Offender

If yes, are you currently on probation? Yes No

EMPLOYMENT INFORMATION: Please list your most recent employment information.

Employer Name: _____ Job Title: _____

Date Started: _____ Date Ended: _____ Average hours per week: _____

Final Hourly Wage: _____

Reason for Leaving: Layoff Quit Fired Still Employed Previously Self Employed

Are you interested in work? Yes No Paid training/education? Yes No

What dates are you available to work? Start Date: _____ End Date: _____

Do you have a valid driver's license? Yes No Reliable transportation? Yes No

How many miles can you travel for a job? _____

I certify that the information given on this application is true and accurate to the best of my knowledge and belief and is subject to verification. I further realize that falsified or fraudulent information may result in the rejection of this application, subsequent termination from the WIOA program, or prosecution under the law. We ask you to provide your social security number so that this agency can provide employment assistance in the most timely and efficient way. This information will be used to identify your record in filing systems, for follow-up services, for verification of eligibility for services, & for statistical reporting purposes.

Signed: _____ Date: _____

Parent or Guardian Signature: _____

Interviewer's Signature: _____

EMAIL COMPLETED FORMS TO SUZANNE HARRIS AT sharris@sccmo.org or FAX TO 636-255-6061