



Application for WIA Employment, Education, and Training Services

***Please use a black or blue ink pen to complete this application and do not use White Out

School/Agency:	Last Name	First Name	Middle Initial
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Providing your Social Security Number is voluntary. If you provide it, your number will be used for keeping records, doing research and planning. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any services provided solely under Title 1B of the Workforce Investment Act. Please read Applicant Rights & Responsibilities/SSN Disclosure Statement which describes how your SSN will be used.

Social Security Number - - **Refuse to Disclose**

Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age Today	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Primary Language
 English Spanish Russian Other, please specify: _____

Race (Please check all that apply to you) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Not disclosed <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native/Other Pacific Islander	Ethnicity (optional) <input type="checkbox"/> Hispanic / Latino
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Citizenship Status <input type="checkbox"/> United States Citizen <input type="checkbox"/> Non-Citizen Legal to Work <input type="checkbox"/> Neither	Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran	Student Status <input type="checkbox"/> Student—Attending high school or less <input type="checkbox"/> Student—Attending college or advanced training <input type="checkbox"/> Student—Attending GED Prep classes at: _____ <input type="checkbox"/> Not a student—I have a Diploma, Modified Diploma, or GED <input type="checkbox"/> Not a student—I am not enrolled in school
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Highest Grade/Education Completed (check one box)
 Completed through grade (circle one) 1 2 3 4 5 6 7 8 9 10 11 Completed my High School Diploma Completed 1 year of College
 Completed my GED Completed 2 years of College

Current Labor Force Status <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> No Previous Employment Are you or have you received unemployment benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes	Selective Service Status (Males ages 18 and over only) <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered *Must register to be eligible. Visit www.sss.gov to register
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Home Address	City	State	Zip Code
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Mailing Address (if different than above)	City	State	Zip Code
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Telephone Numbers (please include area code)
Primary: () Cell: () Other: () **Email**

ELIGIBILITY & DEMOGRAPHIC CHARACTERISTICS --Please check all characteristics that apply to you. Verification may be requested.

<p><input type="checkbox"/> 1. Disability (includes physical/learning disabilities and mental health conditions)</p> <p><input type="checkbox"/> 2. Drug and/or Alcohol Addiction</p> <p><input type="checkbox"/> 3. Custodial Parent</p> <p><input type="checkbox"/> 4. Runaway</p> <p><input type="checkbox"/> 5. Homeless</p> <p><input type="checkbox"/> 6. Foster Child/Ward of the State</p> <p><input type="checkbox"/> 7. In a family that has received SNAP (food stamps) anytime in the last six months</p> <p><input type="checkbox"/> 8. In a family receiving TANF</p> <p><input type="checkbox"/> 9. In a family receiving Supplemental Security Income</p> <p><input type="checkbox"/> 10. Refugee Assistance</p> <p><input type="checkbox"/> 11. Basic Skills Deficient (below and EFL of 7 as determined with a formal assessment)</p> <p><input type="checkbox"/> 12. Dropped out of school or have not been attending for an extended period of time</p>	<p><input type="checkbox"/> 13. Limited English</p> <p><input type="checkbox"/> 14. Pregnant</p> <p><input type="checkbox"/> 15. Criminal Justice Involvement (as a juvenile or adult)</p> <p><input type="checkbox"/> 16. Have an Incarcerated Parent(s)</p> <p><input type="checkbox"/> 17. Need additional assistance to complete education plan (CHECK BELOW) <input type="checkbox"/> Have been deemed "at risk of dropping out" by a school official <input type="checkbox"/> Have a core GPA of 1.5 or below <input type="checkbox"/> Not currently enrolled in school and is lacking a diploma or GED <input type="checkbox"/> Lacking at least 2 high school credits to be at grade level</p> <p><input type="checkbox"/> 18. Need additional assistance to enter employment (CHECK BELOW) <input type="checkbox"/> Have never been employed <input type="checkbox"/> Have been fired within the last 12 months <input type="checkbox"/> Have never held a full-time job for longer than 13 weeks</p>
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FAMILY SIZE--Please refer to 'Eligibility Characteristics' above. Follow directions below to determine your family size.

<input type="checkbox"/> If you checked any eligibility characteristics #1-4, then your family size equals: You + Your Spouse (if you have one) + Your Dependent Children/Adults (if you have any)	Family Size:
<input type="checkbox"/> If you ONLY checked eligibility characteristics #5-19, then your family size equals: You + Any people in your household that are related by blood, marriage, or court order	

6 MONTH FAMILY INCOME--Please refer to 'Family Size' and 'Eligibility Characteristics' above. Follow directions below to determine your 6 month family income.

<input type="checkbox"/> If you selected ANY eligibility characteristic #5-10, then you automatically meet the economic standard for eligibility. Please write "n/a" in the 6 Month Family Income box.	6 Month Family Income
<input type="checkbox"/> Otherwise, please refer to your 'Family Size' above. Your 6 Month Family Income will include ALL income received by each member in the Family Size over the last 6 months. Please note: <i>Income Includes: Gross wages, net receipts for self employment, interest/dividends, and rental income.</i> <i>Income Does NOT Include: Public Assistance payments, child support, or unemployment benefits</i>	

APPLICANT 6 MONTH EMPLOYMENT HISTORY: If no employment in last 6 months, check here

Company: _____	Job Title: _____
Hire Date: ____/____/____	End Date: ____/____/____
Hourly Wage: \$ _____	Hrs per week: _____
Benefits <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Company: _____	Job Title: _____
Hire Date: ____/____/____	End Date: ____/____/____
Hourly Wage: \$ _____	Hrs per week: _____
Benefits <input type="checkbox"/> Yes or <input type="checkbox"/> No	

Alternate Contacts	
Please provide two contacts who will know how to reach you in the event that your phone number(s) become outdated. Both contacts should be adults NOT living at your residence. Some examples are grandparent, aunt, uncle, family friend, neighbor, etc.	
Contact Name: _____	Contact Name: _____
Telephone Number: () _____	Telephone Number: () _____
Relationship: _____	Relationship: _____

I certify this information to be true to the best of my knowledge. I know this information will be reviewed and verified and I agree to supply documents to support this application. I am aware that if I am found ineligible after enrollment I will not be allowed to continue in the program and may be held responsible for reimbursing C-TEC for the cost of services I received. I authorize C-TEC Youth Services to share this information as necessary in order to determine my eligibility for the program and to assist me in gaining employment. I also authorize the Oregon Department of Human Services to release information to C-TEC Youth Services to verify eligibility for C-TEC services. By signing below, I acknowledge that by applying for services I am giving permission for C-TEC Youth Services to use my Social Security Number and related records in accordance with its policies, as indicated in the "Applicant Rights and Responsibilities" form, unless otherwise indicated by checking the Refuse to Disclose box. I acknowledge that I have received and understand the "Applicant Rights and Responsibilities" form including the Equal Opportunity statement and Grievance Complaint Procedure.	
Applicant Signature: _____	Date: ____ / ____ / ____
Parent / Guardian Signature: _____ <i>(If applicant is under age 18)</i>	

School/Agency Use Only <small>(site provider MUST complete this section)</small>	
Keep documentation copies and the original application in the applicant's file.	
<p>Verified Social Security Number:</p> <input type="checkbox"/> No, applicant refused to disclose <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Administration Records <input type="checkbox"/> Agency Records (source: _____) <input type="checkbox"/> Applicant Statement <p>DOB Documentation (Age is between 16 and 21):</p> <input type="checkbox"/> Birth Certificate/Hospital Record of Birth <input type="checkbox"/> Government Issued Photo ID <input type="checkbox"/> Agency Records (source: _____) <input type="checkbox"/> School Records <input type="checkbox"/> Other (specify: _____) <p>Citizenship/Legal to Work Documentation :</p> <input type="checkbox"/> US Passport <input type="checkbox"/> US Birth Certificate & School ID card with photograph <input type="checkbox"/> Birth certificate & school record (if under 18) <input type="checkbox"/> Alien Registration Card indicating Right to Work or Permanent Resident Card <input type="checkbox"/> Government Issued Photo ID & Social Security Card <input type="checkbox"/> Other I-9 Acceptable Documents (source: _____) <p>Selective Service Registrant (Males age 18 and above):</p> <input type="checkbox"/> Not Required to Register (Female or Male under age 18) <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Registration verification printout from website <input type="checkbox"/> Acknowledgement Letter <p>Address and Family Size Documentation:</p> <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Homeless; Letter from agency providing services or individual providing temporary residence <input type="checkbox"/> Agency Records (source: _____) <p>Family Income Documentation:</p> <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Benefits Letter /Documentation <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> Employer Letter <input type="checkbox"/> W2 Form <input type="checkbox"/> Agency Records(source: _____) <input type="checkbox"/> Email Verification (source: _____) <input type="checkbox"/> Applicant Statement (zero or very little income) <p>Comments: _____ _____ _____ _____ _____</p>	<p>Economic Characteristic Documentation (must verify for all that are listed above):</p> <p>___ 1. Disability <input type="checkbox"/> School records (including IEP or 504 Plan) <input type="checkbox"/> Letter from Drug or Alcohol Rehab Agency <input type="checkbox"/> Physician's statement (including Psychiatrist or Psychologist) <input type="checkbox"/> Social Security Administration disability records <input type="checkbox"/> Vocational Rehabilitation Letter <input type="checkbox"/> Worker's Compensation Record</p> <p>___ 2. Drug and/or Alcohol Issues <input type="checkbox"/> Letter from Drug or Alcohol Rehab Agency</p> <p>___ 3. Applicant is a Custodial Parent <input type="checkbox"/> Copy of child's birth certificate or baptismal record <input type="checkbox"/> Court record <input type="checkbox"/> Applicant statement/signed application</p> <p>___ 4. Runaway (attempt to inform parent must be documented prior to registration) <input type="checkbox"/> Written statement from an individual providing residence <input type="checkbox"/> Written statement from an agency providing shelter or transitional housing <input type="checkbox"/> Written statement from a social service agency <input type="checkbox"/> Written statement from a school official that has knowledge of the situation</p> <p>___ 5. Homeless <input type="checkbox"/> Written statement form an individual providing temporary residence <input type="checkbox"/> Written statement from an agency providing shelter or transitional housing <input type="checkbox"/> Written statement from a social service agency <input type="checkbox"/> Written statement from a school official that has knowledge of the situation</p> <p>___ 6. Foster Child/Ward of the State <input type="checkbox"/> Department of Human Services (DHS) written verification <input type="checkbox"/> Oregon Youth Authority written verification <input type="checkbox"/> Copy of court order</p> <p>___ 7. Food Stamps <input type="checkbox"/> Public assistance record <input type="checkbox"/> Department of Human Services (DHS) written confirmation</p> <p>___ 8. TANF <input type="checkbox"/> Department of Human Services (DHS) written confirmation</p> <p>___ 9. Social Security Income SSI <input type="checkbox"/> Copy of SSI check <input type="checkbox"/> SSI statement or record/printout <input type="checkbox"/> Recent copy of letter authorizing applicant to receive SSI</p> <p>___ 10. Refugee Assistance <input type="checkbox"/> Copy of refugee assistance check <input type="checkbox"/> Refugee assistance record/printout <input type="checkbox"/> Recent copy of agency letter authorizing applicant to receive assistance</p> <p>___ 11. Basic Skills Deficient <input type="checkbox"/> Formal assessment, such as CASAS, indicating reading, math, or writing below the 9th grade level</p> <p>___ 12. School drop out <input type="checkbox"/> Applicant statement/ signed application <input type="checkbox"/> Documentation from last school attended stating applicant was withdrawn</p> <p>___ 13. Limited English Speaking/Reading/Comprehension <input type="checkbox"/> School records <input type="checkbox"/> Applicant statement/signed application</p> <p>___ 14. Pregnant <input type="checkbox"/> Applicant statement/signed application</p> <p>___ 15. Criminal Justice Involvement <input type="checkbox"/> Documentation from Juvenile Justice/Criminal Justice system <input type="checkbox"/> Applicant statement/signed application</p> <p>___ 16. Applicant has Incarcerated Parent <input type="checkbox"/> Applicant statement/signed application</p> <p>___ 17. Needs additional assistance to complete education plan (CHECK BELOW) ___ Has been deemed "at risk of dropping out" by a school official <input type="checkbox"/> Written statement from school official ___ Has a core GPA of 1.5 or below <input type="checkbox"/> School record/transcripts ___ Is not currently enrolled in school and is lacking a diploma or GED <input type="checkbox"/> School record/transcripts from last school attended ___ Lacking at least 2 high school credits to be at grade level <input type="checkbox"/> School record/transcripts</p> <p>___ 18. Needs additional assistance to enter employment (CHECK BELOW) ___ Has never been employed ___ Has been fired within the last 12 months ___ Has never held a full-time job for longer than 13 weeks <input type="checkbox"/> Applicant Statement</p>

I certify the documentation checked above was reviewed and verified to support this application and determine eligibility to the best of my ability. I have copies of documentation included in the applicant's file.

Eligibility Determined by Career Advisor (signature): _____ **Eligibility/Interviewer Date:** ____/____/____

Reviewed by C-TEC Staff (signature): _____ **Review Date:** ____/____/____