

Green Country Workforce Development Area WIOA Application

First Name:		Last Name:		SSN#	Today's Date:
Address:		City:		State:	Zip Code:
Phone #:		Mailing Address (if different):		E-Mail Address:	
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Family Size:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate Contact: Name:			Alternate Contact Phone #:		
Ethnicity: Please indicate with (✓) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race: Please indicate with (✓) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or Pacific Islander		<input type="checkbox"/> Information Not Available <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asia <input type="checkbox"/> Other: _____	
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No		*Limited English: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:	
Did you work in agriculture or food processing in the last 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No		Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No		Previous Background Issues? <input type="checkbox"/> None <input type="checkbox"/> Juvenile <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:	Start Date:	Release Date:	Type of Discharge:	Spouse of a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No

Educational Background:

High School Graduate? GED/HiSet: <input type="checkbox"/> Yes <input type="checkbox"/> No	College Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade of Education Completed:	In School Currently: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employment Information: Currently Employed Currently Unemployed

Most Recent Employer:		City:			
Job Title:	Start Date:	End Date:	Salary:	Hrs. Per Week	
Main Job Duties:		*In the next 6 months, are you likely to: Retire <input type="checkbox"/> Yes <input type="checkbox"/> No Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No Be Recalled <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently receiving or have you received the following within the last 6 months? <input type="checkbox"/> SNAP(Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Recipient of other Public Assistance					

Services: Please Check Off (✓) ANY Services/Workshops You May Be Interested In:

- | | | |
|--|--|---|
| <input type="checkbox"/> Obtaining HiSet | <input type="checkbox"/> Individual Career Counseling | <input type="checkbox"/> Job Search Strategies |
| <input type="checkbox"/> English Second Language (ESL) | <input type="checkbox"/> Preparing a Resume | <input type="checkbox"/> Assistance in Finding a Job |
| <input type="checkbox"/> Career Assessment | <input type="checkbox"/> Interviewing Techniques | <input type="checkbox"/> Financial Literacy/Budgeting |
| <input type="checkbox"/> Occupational Training | <input type="checkbox"/> Connection to other resources | <input type="checkbox"/> Other |

Is there anything else you would like to tell us so we can help you today?

Customer Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Priority: _____ Individual with Additional Barrier: _____ PID#: _____

To enable telephone conversation between people with speech or hearing loss and people without speech or hearing loss
please call Oklahoma Relay at 711(<http://www.oklahomarelay.com/711.html>) or TDD/TTY: 800-722-0353