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:	□ Male □ Female	Family Size:	US Citizen: ☐ Yes ☐ No

Alternate Contact: Name: Alternate Contact Phone #:

Ethnicity: Please indicate with (✓)
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: Please indicate with (✓)
☐ White ☐ Black or African American ☐ Information Not Available
☐ American Indian or Alaskan Native
☐ Hawaiian Native or Pacific Islander ☐ Asia ☐ Other:_____

Disability: ☐ Yes ☐ No | *Limited English: ☐ Yes ☐ No | Primary Language:

Did you work in agriculture or food processing in the last 12 months: ☐ Yes ☐ No | Selective Service ☐ Yes ☐ No | Previous Background Issues? ☐ None ☐ Juvenile ☐ Misdemeanor ☐ Felony

Veteran: ☐ Yes ☐ No	Branch:	Start Date:	Release Date:	Type of Discharge:	Spouse of a Veteran: ☐ Yes ☐ No

Educational Background:

High School Graduate? GED/HiSet: ☐ Yes ☐ No	College Graduate: ☐ Yes ☐ No	Highest Grade of Education Completed:	In School Currently: ☐ Yes ☐ No

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 ☐ Yes ☐ No Transfer ☐ Yes ☐ No Be Recalled ☐ Yes ☐ No			

Are you currently receiving or have you received the following within the last 6 months?
☐ SNAP(Food Stamps) ☐ TANF ☐ Recipient of other Public Assistance

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

☐ Obtaining HiSet
☐ English Second Language (ESL)
☐ Career Assessment
☐ Occupational Training
☐ Individual Career Counseling
☐ Preparing a Resume
☐ Interviewing Techniques
☐ Connection to other resources
☐ Job Search Strategies
☐ Assistance in Finding a Job
☐ Financial Literacy/Budgeting
☐ 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