

WIA/SYS Application

Applicant Information

Type of assistance: Work Experience Summer Youth On-the-Job Training Support Services

Name: _____ CDIB#: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ SSN: _____ Phone: _____

Tribe: _____ Marital Status: Single Married Divorced Separated Widow

If you are male, are you registered with the Selective Service? Yes No Veteran? Yes No

Parent/ Guardian Information

Name : _____ Phone: _____

Tribe: _____ CDIB#: _____

Educational Background

Education Status: (circle the highest grade you completed) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

High School: _____ Did you graduate: Yes No Degree/Major _____

College: _____ Did you graduate: Yes No Degree/Major _____

Other: _____ Did you graduate: Yes No Degree/Major _____

Please attach transcript, certificate(s) or proof of degree

Household Information

List all members in the household (Name, Age, Relationship) _____ Household size _____

Family Status: Single w/o Dep. Single w/Dep. Married w/o Dep. Married w/Dep.

Name:	Age & Relationship:	Name:	Age & Relationship:

Public Assistance

Are you currently receiving Public Assistance? Yes No, if yes please check one below

TANF General Assistance SSI Food Stamps Commodities Veterans Benefits

Foster Care Payments

Barriers of Employment:

Pregnant Parenting Homeless High School Drop Out Displaced Homemaker Offender

Basic Skill Deficiency Substance Abuse Limited English Disabled No Driver's License

No Transportation Problem With Child Care

Employment Information

Current employer: _____

Employer's address _____ How long? _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Hourly _____ Salary (please circle) _____ Position: _____

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to verification and I will have to provide documents to support this information. I allow release of this information for verification purpose and understand that it will be used to determine eligibility. If I am found ineligible after completion of enrollment, this application may be denied.

Signature of applicant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____