

Western Oklahoma 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 Information: Name:				Alternate Contact Phone #:			
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Hawaiian Native or Pacific Islander		<input type="checkbox"/> Asia		<input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Information Not Available					
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



Equal Opportunity Employers/Program. Auxiliary aids and service are available upon request for individuals with disabilities

