



One Stop Employment and Training Opportunities

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Show Low, AZ 85901
(928) 532-4316
Fax: (928) 532-4367

321 E. 3rd Street
Winslow, AZ 86047
(928) 289-4644 x103
Fax: (928) 289-0450

7 S. Highway 180 Suite 2
Eagar, AZ 85925
(928) 333-4454
Fax: (928) 333-2903

PRELIMINARY APPLICATION FOR WIA PROGRAMS

Name: Telephone Number(s):

Social Security Number: Birth Date: Age:

Residential Address: City: State: Zip: County:

Mailing Address: City: State: Zip: County:

Email address(es):

How would you like WIA to help you?

Who will always know your whereabouts? (FULL NAME, ADDRESS, & TELEPHONE)

01. Name: Telephone:

Address: Relationship:

02. Name: Telephone:

Address: Relationship:

THE FOLLOWING INFORMATION MUST BE DOCUMENTED FOR ENROLLMENT TO WIA

- 01. Are you a U.S Citizen? YES NO
02. Are you a Veteran? YES NO
03. Are you the Spouse of a Veteran? YES NO
04. Are you registered with Selective Service? YES NO
05. Are you a Single parent? YES NO
06. Does your family receive TANF, Food Stamps, SSI or Unemployment? (circle all that apply) YES NO
07. How many people live in your home today?
08. Are you a foster child? YES NO
09. Are you a runaway? YES NO
10. Are you a teen parent? YES NO
11. Are you homeless? YES NO
12. Do you have a physical or mental impairment that would require special accommodation? YES NO
13. Do you have a substance abuse problem? YES NO
14. Do you have a criminal record? YES NO If YES, please explain
15. Are you currently enrolled in School? YES NO
16. Last Grade Completed: Year: High School Diploma GED
17. Vocational School/College: Last School Attended:
18. Are you employed? Have you been laid off or received notice of layoff?
19. Are you eligible for Unemployment Insurance payments?
20. What types of equipment can you operate?

## WORK HISTORY FOR THE LAST TWO (2) YEARS

01. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \$\_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

02. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \$\_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

03. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \$\_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

## APPLICANT RESPONSIBILITIES

1. Provide documents for the determination of eligibility for WIA services
2. Complete the Individual Service Strategy with the Case Manager
3. Attend all appropriate program activities (including Orientation and Assessments)
4. Notify the WIA program promptly of employment, change of address and/or phone number, and separation with all program requirements.
5. Any applicant unable or unwilling to complete any part of this process may be excluded from WIA program enrollment and/or services.
6. I certify that the information provided is true and correct to the best of my knowledge.

**I HAVE READ THE STATEMENTS ABOVE AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE INFORMATION TO THE BEST OF MY KNOWLEDGE AND ABILITY, AND TO ACTIVELY PARTICIPATE IN THOSE SERVICES OUTLINED IN THE INDIVIDUAL SERVICE STRATEGY IN ORDER TO REACH THE PROGRAM GOAL.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **TO APPLY FOR WORKFORCE INVESTMENT ACT (WIA) SERVICES YOU MUST PROVIDE APPROPRIATE DOCUMENTATION**

**You are automatically eligible for WIA Adult and Youth services if you receive TANF, Food Stamps, or Supplemental Security Income (SSI), or if you are homeless or a foster child. You may also qualify depending on your income or barriers to employment. Those who have been laid off and qualify for unemployment may be eligible for WIA Dislocated Worker services.**

**Bring the following documents with you to your appointment. Failure to provide documentation may affect you receiving intensive services or entering training programs.**

- Picture ID**
- Social Security Cards for each member of the family**
- Birth Certificate**
- DD 214**
- Current utility bill or rent receipt showing family name and residential address**
- Males 18-26 years old must bring Selective Service card or post office receipt showing registration**
- Pay stubs showing total family income for ALL family members for the LAST SIX(6) MONTHS or last pay stub with Year –to-date wages.**
- If you have been laid off, your Letter of Notification or Notice of Separation**
- Current TANF and/or Food Stamp award letter from DES**
- Unemployment Insurance, Social Security, and/or VA Award Letters**
- If you are a foster child, bring the Foster Care Agency Letter**
- If you have a handicap, bring a letter from the school, doctor, or other agency that states the information about your handicap**
- If you are on probation or parole, bring a copy of the conditions of your probation or parole.**

**No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration or in connection with any such program because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief. This program is an “Equal Opportunity Employer Program” and auxiliary aids and services are available upon request to individuals with disabilities. TDD 1-800-367-8939 TTY – 1-800-347-1695.**