Office Use Only	AD ___/___/___ RD ___/___/___ WDS _________

Application for
Hawkeye Community College Workforce Investment Act Services

If you need help completing this application, please let us know. These questions are asked to help us find out if you are eligible for services available through our office. All answers are confidential. **USE AN INK PEN**. Equal Opportunity Employer/Program. Auxiliary Aids and Services are available upon request to individuals with disabilities.

Name: ____ Social Security #: _____/_____/_____
Last First Middle Initial

Other name(s) you have used: ____

Address: ______________________________________ Home phone: (____) _______________

City, State, ZIP ________________________________ Message phone: (____) _______________

County: _____________________ Email address: ________________________________

Date of birth: ______/_______/_______ Age: ________ Gender: Male ___ Female ___

If you are male, born on or after 01/01/60, have you registered with the United States Selective Service System?
Yes ___ No ___ Not applicable ___ Received exemption ___

Are you homeless? Yes ___ No ___ Are you a runaway? Yes ___ No ___

Are you a citizen or national of the United States? Yes ___ No ___
IF NO, are you authorized for employment? Yes ___ – INS alien number _______________________ No ___

Do you believe you have a disability? Yes ___ No ___ If YES, explain: ________________________________
____

IF YES, would you consider the disability to be a substantial barrier to employment? Yes ___ No ___

Ethnic Group(s): (Select one or more) ___ American Indian/Alaskan Native ___ Asian ___ White
___ Black/African American ___ Hawaiian/Other Pacific Islander

Do you consider yourself Hispanic or Latino? Yes ___ No ___

Are you a current or former member of the U.S. Armed Forces? Yes ___ No ___
IF YES,
Were you involuntarily separated as a result of reduction in forces? Yes ___ No ___
What type of discharge did you receive? ____________ Branch : ____________________
Dates served (mm/dd/yyyy): Entered: ______/_______/_______ Exited: ______/_______/_______
If you are/were a reservist, was any of your duty "active" or in an armed conflict? Yes ___ No ___
What was your military occupational specialty? ______________________________ Last pay grade _______
Does the military consider you disabled? Yes ___ No ___
IF YES, is the disability service related? Yes ___ No ___ What is your disability rating? _____________%

ELIGIBLE VETERANS WILL RECEIVE PRIORITY SERVICES

Have you had any farm or cannery employment in the last 12 months? Yes __ No __
IF YES,
Did you work 25 or more days in the last 12 months in farm or cannery work? Yes __ No __
Was 50% of your total income from farm or cannery work? Yes __ No __
Was the farm or cannery work less than full-time? Yes __ No __
Are or were you a full-time student when performing the farm or cannery work? Yes __ No __
Are or were you required to travel overnight to perform the farm or cannery work? Yes __ No __

List all jobs you have held during the last THREE years. PLEASE START WITH YOUR CURRENT OR LAST JOB. (Attach a sheet if more space is needed.)

1. Employer: ______________________________ Address: ______________________________

   Date started: ____ / ____ / ____ Date left: ____ / ____ / ____ Hourly wage: $ _______ Hours per week: _____

   Job title: ______________________________ Reason for leaving: ______________________

   Specific skills/machines used: ____

2. Employer: ______________________________ Address: ______________________________

   Date started: ____ / ____ / ____ Date left: ____ / ____ / ____ Hourly wage: $ _______ Hours per week: _____

   Job title: ______________________________ Reason for leaving: ______________________

   Specific skills/machines used: ____

3. Employer: ______________________________ Address: ______________________________

   Date started: ____ / ____ / ____ Date left: ____ / ____ / ____ Hourly wage: $ _______ Hours per week: _____

   Job title: ______________________________ Reason for leaving: ______________________

   Specific skills/machines used: ____

4. Employer: ______________________________ Address: ______________________________

   Date started: ____ / ____ / ____ Date left: ____ / ____ / ____ Hourly wage: $ _______ Hours per week: _____

   Job title: ______________________________ Reason for leaving: ______________________

   Specific skills/machines used: ____

5. Employer: ______________________________ Address: ______________________________

   Date started: ____ / ____ / ____ Date left: ____ / ____ / ____ Hourly wage: $ _______ Hours per week: _____

   Job title: ______________________________ Reason for leaving: ______________________

   Specific skills/machines used: ____

6. Employer: ______________________________ Address: ______________________________

   Date started: ____ / ____ / ____ Date left: ____ / ____ / ____ Hourly wage: $ _______ Hours per week: _____

   Job title: ______________________________ Reason for leaving: ______________________

   Specific skills/machines used: ____

Which statement below best describes your education status:

___ Student high school or less
___ Out-of-school high school dropout
___ High school grad with no employment difficulties
___ Student attending post high school
___ High school grad with employment difficulties

How many years of school have you completed? ____________

What phrase best describes your education level:

___ No HS diploma or degree
___ GED
___ High school diploma
___ Certificate of completion
___ Vocational certificate
___ Associates Degree
___ Bachelors Degree
___ Education beyond Bachelors
___ Masters Degree
___ Doctorate

Do you plan to attend school? Yes ___ – Start date ______/_______/_______ No ___

If you are a high school student or less, are you considering dropping out of school? Yes ___ No ___

Do you have limited English proficiencies because your native language is not English? Yes ___ No ___

Are you unable to compute or solve math problems and/or read, write or speak English? Yes ___ No ___

Are you ___Employed – _____ Hours per week ___Unemployed

IF UNEMPLOYED,

Number of weeks unemployed of the last 26 weeks: __________ last 52 weeks: __________

Are you underemployed (working less than 30 hours/week **OR** not working at your skill level)? Yes ___ No ___

What is your unemployment insurance status:

___ Eligible but have not applied

___ Receiving – amount of your UI benefit $______________ / week

___ Exhausted benefits – What was the last date that you received payment? ______/_______/_______

___ Denied – Is it because you worked for a business not required to cover your employment? Yes ___ No ___

___ Applied

If previously self-employed, are you unemployed because of poor local economic conditions or the result of a natural disaster? Yes ___ No ___

Are/were you employed as a farmhand on a farm that discontinued operations? Yes ___ No ___

Were you referred by the Worker Profiling / Re-Employment System? Yes ___ No ___

Are you/will you be laid off from your job? Yes ___ No ___

IF YES,

From what company/business? ____

Is it likely that you will return to this occupation or industry? Yes ___ No ___

Which choice describes your status with this employer?
___ Terminated / plant closed ___ Received termination notice ___ Quit or fired

IF EMPLOYED, what is your date of actual or projected lay-off? ______/_______/_______

IF UNEMPLOYED, what was your last day of work? ______/_______/_______

What is/was your hourly wage? $______________

What is/was the total number of months that you were employed? _______

Was your lay-off covered by a Trade Act Petition? Yes ___ No ___

Have you been providing unpaid services to family members in the home? Yes ___ No ___

IF YES,

How many months have you been a full-time homemaker? ___________

Have you been able to obtain or upgrade your employment? Yes ___ No ___

Have you been primarily dependent on the income of another family member and no longer are supported by that person? Yes ___ No ___

Do you feel you lack significant work history to obtain a job? Yes ___ No ___

Are/were you a member of a family receiving money from the Family Investment Program (FIP)?
Yes ___ – monthly amount $____________ No ___

IF YES,

How many of the last 18 months? _____

How many of the last 60 months? _____

Have you or your family received FIP 30 months or more since **08/05/1997**? Yes ___ No ___

Will you or your family no longer be eligible for FIP within the next 12 months due to the imposed duration limit?
Yes ___ No ___

Were you or your family no longer eligible for FIP payments after **08/05/1997** because Federal and State laws limited the maximum time for such assistance? Yes ___ No ___

Are you or your family currently receiving any of the following:

General Assistance: Yes ___ – monthly amount $___________ No ___

Refugee Cash Assistance: Yes ___ – monthly amount $___________ No ___

Supplemental Security Income (SSI): Yes ___ – monthly amount $____________ No ___

Have you received SSI within the last 60 months? Yes ___ No ___

Food Stamps: Yes ___ – monthly amount $____________ No ___

If you are a veteran, has your family received Food Stamps for at least 3 months of the last 15 months?
Yes ___ – monthly amount $__________ No ___

Social Security - Retirement or Survivor's (OASI) Yes ___ – monthly amount $___________ No ___

Social Security Disability (SSD) Yes ___ – monthly amount $___________ No ___

Are you a PELL Grant recipient? Yes ___ – What is the amount? $___________ No ___

Date of last PELL Grant payment ______/_______/_______

Are you receiving or did you receive services through a state rehabilitation services program or the Veterans Administration? Yes ___ No ___

Are you receiving or did you receive Foster Care payments? Yes ___ – monthly amount $__________ No ___

Write your name and the names of **all persons** who live at your address (including children) and other family members temporarily living elsewhere. Then list any income they have received in the last six months.

Name	Date of birth	Relationship to you	Income received last 6 months before taxes	From where?
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	

What is your current marital status? ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed

What choice describes you? ___ Parent in a one-parent family ___ Parent in a two-parent family

___ Other family member ___ Not a family member

Are you the head of your household? Yes ___ No ___

If less than 18 years old, are you living independently? Yes ___ No ___

Are you or were you a foster child? Yes ___ No ___

What choice best describes you? ___ Custodial parent ___ Non-custodial parent ___ not a parent

If you are a non-custodial parent, please answer the following 4 questions:

Is the child or custodial parent of the child receiving FIP? Yes ___ No ___

What is the custodial parent's Social Security number? ______/_______/_______

Has the custodial parent received FIP assistance for 30 months? Yes ___ No ___

Will the custodial parent be ineligible for FIP within 12 months due to the imposed duration limits? Yes ___ No ___

Are you less than age 22 and providing custodial care for a child? Yes ___ No ___

Are you expecting to become a parent in the next 6-7 months? Yes ___ No ___

Are you or have you been in any stage of the criminal justice process? Yes ___ No ___

IF YES, describe the legal problem: ____

Do you have any felony or misdemeanor arrests or convictions? Yes ___ No ___

IF YES, what was your date of conviction? ______/_______/_______

What was your date of release? ______/_______/_______

Provide details regarding arrests and convictions: ____

Are you involved in any pending legal actions? Yes ___ No ___

IF YES, describe the pending legal action: ____

Are you under any court orders? Yes ___ No ___

IF YES, describe the court order: ____

Have you ever been alcohol or chemical dependent? Yes ___ No ___

Are you related to anyone who works at an Iow@ Work office? Yes ___ No ___

Are any of your relatives on a County Board of Supervisors or the Regional Workforce Investment Board?
Yes ___ No ___

IF YES to either, Name: ____ Relationship: _____________________

Where: ____ Position: _________________________

The information given is true to the best of my knowledge. I understand I will not receive services if I have knowingly given false information.

NAME: ____ DATE: ________________________
(Your signature)

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE HAVE YOUR PARENT OR COURT-APPOINTED GUARDIAN SIGN BELOW.

The information given is correct and my dependent may participate in programs administered by HCC Workforce Development.

NAME: ____ DATE: ________________________
(Signature of parent or court-appointed guardian)

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

NAME: ____ DATE: ________________________
(Workforce Development Specialist)

Recertification:

NAME: ____ DATE: ________________________
(Your signature)

NAME: ____ DATE: ________________________
(Signature of parent or court-appointed guardian)

NAME: ____ DATE: ________________________
(Workforce Development Specialist)

Eligibility Review Certification:

I have reviewed the entries on this form and have found them:

_____ Acceptable

_____ Not acceptable for the eligibility determination made. (Not acceptable requires corrective action.)

SUPERVISOR SIGNATURE: ____ DATE: ________________________