



WIA Application

For Office Use Only

Today's Date: _____

Initial: _____

TRAINING • CONNECTING • DEVELOPING ILLINOIS' WORKFORCE

(Please print and use pen) Orientation Date: _____ IL workNet ID _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code _____ County _____

Social Security Number: _____ Birth Date: _____ Gender: M F

Telephone Number: _____ Email: _____

Ethnicity: (Check all that apply)

- White
- Black
- Native American Indian / Alaskan
- Native Hawaiian / Pacific Islander
- Asian
- Hispanic

Disability Status: (This will not disqualify you from WIA)

- No Disability
- Disability
- Disability Affecting Employment
- Developmental Disability
- Special Disabled Veteran
- Learning Disability

Veteran Status: (Check all that apply)

- Not a veteran
- Veteran
- Honorable Discharge
- Dishonorable Discharge
- Less than Honorable Discharge

Service Dates: _____ To _____

Marital Status:

- Single
- Married
- Separated
- Divorced
- Widowed
- Non-Spousal Partner

Family:

Spouse Name: _____ Age: _____

Children: Under 18 Only:

1) _____	2) _____	3) _____
Name Age	Name Age	Name Age

4) _____	5) _____	6) _____
Name Age	Name Age	Name Age

U.S. Work Authorization

- US Citizen
- Registered Alien / Refugee
- Not Authorized / Not Determined

Highest Level of Education

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	<input type="checkbox"/> GED	
Grade School								High School				College				Additional Education			

1) School Name _____ Dates Attended _____

Degree or Certificate Attained _____ Major: _____

2) School Name _____ Dates Attended _____

Degree or Certificate Attained _____ Major: _____

Are you currently receiving assistance from any of the following programs? (Check all that apply)

- TANF (Cash Assistance)
- SSI
- General Assistance
- Food Stamps
- Other _____
- N/A

→ Have you ever been convicted of a felony or misdemeanor? Yes No (This will not disqualify you from WIA)

→ Do you have a drug or alcohol dependency? Yes No (This will not disqualify you from WIA)

→ Are you currently receiving unemployment benefits? Yes No Undetermined Exhausted Benefits

Employment: Please list your 10 year work history or your last 3 employers beginning with your most recent employer. Use the back of this page if necessary.

Employer Name:	_____					
Street Address	_____					
City	_____	State	_____	Zip	_____	<input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Quit
Salary:	_____	hr / yr	Hours worked / Week	_____	Start Date	___ / ___ / ___ End Date ___ / ___ / ___
Industry:	In what industry did you last work: (i.e. manufacturing, retail, communications) _____					
Occupation:	What were the job title and duties at your last job?					

Employer Name:	_____					
Street Address	_____					
City	_____	State	_____	Zip	_____	<input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Quit
Salary:	_____	hr / yr	Hours worked / Week	_____	Start Date	___ / ___ / ___ End Date ___ / ___ / ___
Industry:	In what industry did you last work: (i.e. manufacturing, retail, communications) _____					
Occupation:	What were the job title and duties at your last job?					

Employer Name:	_____					
Street Address	_____					
City	_____	State	_____	Zip	_____	<input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Quit
Salary:	_____	hr / yr	Hours worked / Week	_____	Start Date	___ / ___ / ___ End Date ___ / ___ / ___
Industry:	In what industry did you last work: (i.e. manufacturing, retail, communications) _____					
Occupation:	What were the job title and duties at your last job?					

Collateral Contacts: Please provide the name, address and phone number of two people, not living with you, that we can contact if we are unable to reach you.

Last Name: _____	First Name: _____	MI: _____
Street Address: _____		
City: _____	State: _____	Zip Code _____
Telephone Number: _____	Work Phone: _____	
Relationship _____		

Last Name: _____	First Name: _____	MI: _____
Street Address: _____		
City: _____	State: _____	Zip Code _____
Telephone Number: _____	Work Phone: _____	
Relationship _____		

Please provide the following income and expense data which is used for assessment purposes only and does not pertain to program eligibility:

<u>Monthly Income</u>	
Your Take Home Pay	_____
Spouse's Take Home Pay	_____
Allowance(s)	_____
Child Support Alimony	_____
Social Security	_____
Public Assistance	_____
Unemployment	_____
Support from Family/Friends	_____
Food Stamps	_____
Savings	_____
Misc.	_____

Total Income	_____

<u>Monthly Expenses</u>	
Rent/Mortgage	_____
Utilities	_____
Installment Payments	_____
Savings	_____
Insurance	_____
Support Payments	_____
Transportation	_____
Food	_____
Clothing	_____
Childcare	_____
Household Supplies	_____
Medical and Dental	_____
Misc.	_____

Total Expenses	_____

By signing below I am certifying that the information on this application is true and accurate to the best of my knowledge.

Signature	Date
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TRAINING • CONNECTING • DEVELOPING ILLINOIS' WORKFORCE

SERVICES NEEDED AND PREFERRED (SNAP)

Date: _____

Advisor: _____

Client Name	Social Security Number (Last 4 Digits Only)
	XXX-XX-

Previous Career Area/Job Title

Desired Goals: (Mark only one)

Undecided

Immediate Employment Assistance (no job preference)

Employment in the same industry/occupation

Career Change

Desired Needs toward employment

<input type="checkbox"/> Job Search Strategy / Guidance	<input type="checkbox"/> Resume and/or Cover Letter Assistance
<input type="checkbox"/> Refresher Basic Computer Classes	<input type="checkbox"/> Interviewing Assistance
<input type="checkbox"/> Refresher Advanced Computer Classes	<input type="checkbox"/> Job readiness Workshop
<input type="checkbox"/> Acquire transitional skills needed for new occupation	<input type="checkbox"/> Upgraded Current Skills Needed
<input type="checkbox"/> Other: _____	

List Occupational Areas of Interest including any alternative Career Paths

1. _____

2. _____

3. _____

Salary Expectations:

Entry Wage (\$10K - \$25K)

Middle Wage (\$25K - \$50K)

High Wage (Over \$50K)

Availability

Days Nights

Split Shift Any Shift

Hours of Employment:

Seeking Full-time

Seeking Part-time

Are you willing to relocate for employment? Yes No

How far are you willing to travel for employment? _____ Miles