



NORTHEASTERN ARIZONA

Innovative Workforce Solutions

Application for Workforce Programs

Demographic Information

Please complete this application completely

Name: _____ Telephone Number(s): _____

Social Security Number: _____ Birth Date: _____ Age: _____

Residential Address: _____ City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Email Address: _____

How would you like the Workforce Program to help you? _____

Who will always know your whereabouts ? (Full Name, Address & Telephone Number)

1. Name: _____ Telephone Number: _____

Address: _____ Relationship: _____

2. Name: _____ Telephone Number: _____

Address: _____ Relationship: _____

Are you a US Citizen? Yes No

Are you a Veteran? Yes No

Are you a spouse of a Veteran? Yes No

Do you need special accommodations? Yes No

If Yes, what kind: _____

Are you registered with the Selective Service? Yes No

Are you a single parent? Yes No

Does your family receive TANF, food stamps, SSI or Unemployment? Yes No

How many live in your home today? _____

Are you a foster child? Yes No

Are you a runaway? Yes No

Are you a teen parent? Yes No

Are you homeless? Yes No

Do you struggle with substance abuse? Yes No

Do you have a criminal record? Yes No

If Yes, explain: _____

Are you currently enrolled in school? Yes No

Last grade completed _____ what year _____ High School Diploma _____ GED _____

Are you currently employed? Yes No

Have you been laid off or received notice of layoff? Yes No

Have you filed for unemployment insurance? Yes No

Are a migrant or seasonal farm worker? Yes No

Employment History for the Last Two Years

1. Employer: _____
 Job Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Employed From: ____ / ____ / ____ To: ____ / ____ / ____ Wage: \$ _____ Hours Per Week: _____
 Reason for Leaving: _____

2. Employer: _____
 Job Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Employed From: ____ / ____ / ____ To: ____ / ____ / ____ Wage: \$ _____ Hours Per Week: _____
 Reason for Leaving: _____

3. Employer: _____
 Job Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Employed From: ____ / ____ / ____ To: ____ / ____ / ____ Wage: \$ _____ Hours Per Week: _____
 Reason for Leaving: _____

Participant Roles and Responsibilities

1. Provide required documents for the determination of eligibility for Workforce services within 15 business days.
2. Complete the Individual Service Strategy/Individual Employment Plan with your Workforce Development Specialist.
3. Attend all suitable program activities (including Orientation, Assessments, and Workshops).
4. Notify the Workforce Specialist 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 Workforce program enrollment and/or services.

I have read the statements above and understand that it is my responsibility to provide accurate and current information to the best of my knowledge and ability, and to actively participant in the services outlined in the Individual Service Strategy/Individual Employment Plan in order to reach the program goals.

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____

Workforce Specialist: _____

Date: _____

Please Provide Appropriate Documentation

Please bring the following documents with you to your initial appointment. Failure to provide documentation may affect your eligibility and will slow your application process.

- Required: Driver's License or Picture ID*
- Required: Social Security Card*
- Required: Birth Certificate*
- Required: Residential address*
- If requested by your Workforce Development Specialist: Pay stubs showing total family income for all family members for the LAST SIX (6) MONTHS or last pay stub showing year-to-date wages*
- If applicable: DD 214*
- If applicable: Males 18-26 years old must bring Selective Service card*
- If applicable: Notification of Layoff*
- If applicable: Current TANF and/or Food Stamp award letter from the Department of Economic Security*
- If applicable: Unemployment Insurance, Social Security, and/or VA Award Letters*
- If applicable: Foster Care Agency Letter*
- If applicable: If you are a person with a disability, a letter from a school, doctor, or other agency*
- If applicable: If you are on probation or parole, bring a copy of the conditions of your probation or parole*