



One Stop Employment and Training Opportunities

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

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

74 N. Main, Suite 6
Eagar, AZ 85925
(928) 333-4260 x222
Fax: (928) 333-3461

APPLICATION FOR W.I.A. EMPLOYMENT AND TRAINING PROGRAMS

Please complete this application completely and to the best of your ability. If you require assistance, please use the information above to contact the office nearest you.

DEMOGRAPHIC INFORMATION:

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 the W.I.A. 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:

- 1. Are you a U.S Citizen? YES NO
2. Are you a Veteran? YES NO
3. Are you the spouse of a Veteran? YES NO
4. If required, are you registered with Selective Service? YES NO
5. Are you a single parent with responsibility of one or more dependents under the age of age 18? YES NO
6. Does your family receive TANF, Food Stamps, SSI or Unemployment? (circle all that apply) YES NO
7. How many people live in your home today?
8. Are you a foster child? YES NO
9. 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 requires special accommodation? __YES __NO
13. Do you struggle with substance abuse? __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: _____ In what year? _____ High School Diploma? _____ GED? _____
17. Last School Attended: _____
18. Vocational School/College: __YES __NO
19. Are you currently employed? __YES __NO
20. Have you ever been laid off or received notice of layoff? _____
21. Have you filed for Unemployment Insurance payments? __YES __NO
22. Are you an Interstate Worker? __YES __NO
23. Do you consider yourself to be a Migrant or Seasonal Farm Worker? __YES __NO
24. What types of equipment can you operate? _____

EMPLOYMENT HISTORY FOR THE LAST TWO (2) 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: _____

APPLICANT ROLES AND RESPONSIBILITIES:

1. Provide required documents for the determination of eligibility for W.I.A. 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 and Assessments).
4. Notify the W.I.A. 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 W.I.A. program enrollment and/or services.

I HAVE READ THE STATEMENTS ABOVE AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE CURRENT INFORMATION TO THE BEST OF MY KNOWLEDGE AND ABILITY, AND TO ACTIVELY PARTICIPATE 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: ____ / ____ / ____

TO APPLY FOR WORKFORCE INVESTMENT ACT (W.I.A.) SERVICES PLEASE PROVIDE APPROPRIATE DOCUMENTATION

To make your application process as efficient as possible, please bring as many of the documents outlined below to your first appointment.

You are automatically eligible for W.I.A. 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 services as well.

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:** Picture ID
- Required:** Social Security Cards for each member of the family
- Required:** Birth Certificate
- Required:** Current utility bill or rent receipt showing family name and 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 or post office receipt showing registration
- If applicable:** Notification of Layoff or Notice of Separation
- 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

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.