STLCOWD – WIOA ADULT/DISLOCATED WORKER PROGRAM APPLICATION

(Please Print)

1.Application Date	2. Birth	3. Age	4. Gender	5.App.Type	6.Notes
			☐ Male ☐ Prefer Not to Disclose ☐ Female	☐ New ☐ Change	

7. Last Name	8. First Name	9.MI	10.Suffix	11. SS Number#

12. Street Address	13 Apt. #	14. City	15. State	16. Zip Code

17. St Louis City Resident	18. St Louis County Resident	19. Phone	20. Alt Phone	21. Alt Phone Type	22. Email Address
☐ Yes ☐ No	☐ Yes ☐ No				

23. How do you usually get to work and/or training?

☐ Drive alone ☐ Metrolink ☐ Motorcycle ☐ Carpool
☐ Ride a bus ☐ Walk ☐ Bicycle ☐ Other _____

24. Do you have a valid driver's license?

☐ **Yes**
☐ **No**

Emergency Contact Information

25. Contact Name	26. Contact Phone	27. Relationship to Applicant

28. Selective Service – Males Only

Selective Service No.

☐ **Yes**
☐ **No**

29. Race/National Origin

☐ 0.- Prefer not to disclose
☐ 1-African American ☐ 5.-Other
☐ 2-Native American
☐ 3-White
☐ 4-Hispanic

30. Citizenship Status

☐ 1-U.S. Citizen
☐ 2-Not Authorized
☐ 3-Registered Alien/Refugee

31. Individual With Disability

☐ 1-No Disability
☐ 2-Permanent or total disability

If Yes, list any special accommodations needed for training:_____
_____

32. Veteran's Status

☐ 1-Non Veteran ☐ 4-Disabled
☐ 2-Vietnam Era ☐ 5-Recently Separated
☐ 3-Vietnam Theatre ☐ 6-Other

33. What is your marital status right now?

☐ 1. Married, living with spouse.
☐ 2. Married, not living with spouse
☐ 3. Non-married partner
☐ 4. Single, never married
☐ 5. Widowed, divorced, legally separated

34. Do you have any children of your own?

☐ **Yes**
☐ **No**

If yes, how many ☐

35. Convicted of a Crime?

☐ **Yes**
☐ **No**
☐ **Prefer not to disclose**

36. Please check the highest grade or year of school you have COMPLETED.

☐ Below 8th grade ☐ 12 (High School Diploma)
☐ 8 ☐ 13
☐ 9 ☐ 14 (2-year college degree)
☐ 10 ☐ 15
☐ 11 ☐ 16 (4-year college degree or more)

Do you have a GED Certificate? ☐ Yes ☐ No

37. Including yourself, how many blood relatives live with you? ☐

38. How many non-family members live with you? ☐

39. Please name previous job training programs you have participated in:

☐ Technical certificate or diploma ☐ Other degree or certificate_____
☐ Vocational or occupational skills certificate ☐ NO degrees or certificates received
☐ Associates Degree in _____
☐ Bachelors Degree in _____
☐ Masters Degree in _____

Income Data

Would you be interested in workshops/classes regarding:

☐ Healthy Relationships ☐ Taxes
☐ Parenting/Co-Parenting ☐ Mental Wellness
☐ Financial Stability/Planning ☐ Entreprenuership
☐ Legal ☐ Real Estate/Housing

41. Labor Force Status

☐ 1-Unemployed
☐ 2-Employed Full-time (30 hours/wk or more)
☐ 3-Employed Part-time (29 hours/wk or less)
☐ 4-Not In Labor Force
☐ 5-Self-Employed

Over

ST. LOUIS COUNTY WORK★FORCE DEVELOPMENT

42. Annual Household Income:
- ☐ Less than $5,000
- ☐ More than $25,001
- ☐ $5,001 - $15,000
- ☐ $15,001 - $25,000

43. Source of income: (Check all that apply)
- ☐ Temporary Assistance
- ☐ Food Stamps
- ☐ Child Support
- ☐ Retirement Pension
- ☐ Unemployment Compensation
- ☐ Employment
- ☐ Social Security/SSI/SSDI
- ☐ Medicaid Benefits

Assessment Data - Staff

Test Type	Date Tested	Reading Level	Math Level	Tester Initials	Retest Type	Retest Date	Reading Retest	Math Retest	Tester Initials

Please Tell Us Anything Else Regarding Your Ability or Inability to Successfully Complete This Training Course?

Career History

44. (Current or Last Employer) Company Name and Address	City	State, Zip Code	Contact Person

Job Title/Position	Date Started	Date Ended	Hourly Wage	# Hrs/Wk	Reason For Leaving
					☐ Plant or division closed ☐ Fired ☐ Seasonal/Temporary job ended ☐ Quit ☐ Other layoff ☐ Other (Please specify) _____

What Did You Like The Most About This Job?	What Did You Like The Least About This Job?

Did you receive health benefits? ☐ Yes ☐ No **Did your employer contribute money to these benefits?** ☐ **Yes** ☐ **No**

45. Company Name and Address	City	State, Zip Code	Contact Person

Job Title/Position	Date Started	Date Ended	Hourly Wage	# Hrs/Wk	Reason For Leaving
					☐ Plant or division closed ☐ Fired ☐ Seasonal/Temporary job ended ☐ Quit ☐ Other layoff ☐ Other (Please Specify)_____

What Did You Like The Most About This Job?	What Did You Like The Least About This Job?

Did you receive health benefits? ☐ Yes ☐ No **Did your employer contribute money to these benefits?** ☐ **Yes** ☐ **No**

47. What programs are you interested in?
- ☐ Information Technology
- ☐ Adult Basic Education (GED/HiSET)
- ☐ Healthcare
- ☐ AgriTech
- ☐ Entrepreneurship
- ☐ Manufacturing
- ☐ Construction
- ☐ Other (specify below_____
- ☐ Retail/Hospitality
- ☐ Utilities (Lineman)
- ☐ Local College/University
- ☐ Education (teacher)
- ☐ Transportation
- ☐ Logistics
- ☐ None

48. How did you first hear about the program?
- ☐ Flyer/Brochure
- ☐ Open Enrollment (MET Center)
- ☐ Family Support Division
- ☐ Friend or relative
- ☐ Church
- ☐ Local Organization_____
- ☐ Walk-In
- ☐ Other (specify below)_____

49. What barriers are you currently facing?
- ☐ Transportation ☐ Housing
- ☐ Childcare
- ☐ Legal
- ☐ Mental Health
- ☐ Physical Health
- ☐ Education Assistance
- ☐ Employment
- ☐ Other (specify below)_____

Applicant's Certification and Consent to Release Information

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application. I have agreed to participate in assessment services as administered by STLCOWD. ***As part of the service I will be completing assessments that may include, but are not limited to, profiles of my aptitudes, interests, values, skills, and personal/professional style. The use and purpose of these assessments and disclosure of results to STLCOWD staff and its partner service providers has been explained to me. I give consent to disclose my assessment results to STLCOWD and its partner service providers unless I otherwise authorize in writing.***

By my signature below, I acknowledge that I have read and fully understand the information above.

Signature of Applicant	Date