

For Office Use Only

Today's Date: _____

Initial: _____



TRAINING • CONNECTING • DEVELOPING ILLINOIS' WORKFORCE

WIA APPLICATION

(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 Age: _____

Telephone Number: (____)-____-____ Email: _____

Ethnicity: (Check all that apply)

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

Disability Status:

- 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
- Spouse Name Age

Children: under 18 only

1) _____ 2) _____ 3) _____ 4) _____
Name/Age Name/Age Name/Age Name/Age

U.S. Work Authorization

- U.S. 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 Master's Doctorate GED

1) School Name: _____ Dates Attended: ____/____to____/____ Major: _____

Degree or Certificate Attained: _____

2) School Name: _____ Dates Attended: ____/____to____/____ Major: _____

Degree or Certificate Attained: _____

→ 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? Yes No **Misdemeanor?** Yes No (This will not disqualify you from WIA)

→ Do you have a drug or alcohol dependency? Yes No

→ 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.

1) Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ **Laid Off** **Terminated** **Quit**

Salary: _____ / hr / yr / Hours worked/week _____ Start Date ___/___/___ End Date ___/___/___

Industry: In what industry did you last work: (e.g. manufacturing, retail, communications) _____

Occupation: What were the Job Title and duties at your last job? _____

2) Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ **Laid Off** **Terminated** **Quit**

Salary: _____ / hr / yr / Hours worked/week _____ Start Date ___/___/___ End Date ___/___/___

Industry: In what industry did you last work: (e.g. manufacturing, retail, communications) _____

Occupation: What were the Job Title and duties at your last job? _____

3) Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ **Laid Off** **Terminated** **Quit**

Salary : _____ / hr / yr / Hours worked/week _____ Start Date ___/___/___ End Date ___/___/___

Industry: In what industry did you last work: (e.g. 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.

1) Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Work Phone: () _____ - _____

Relationship: _____

2) Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ 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:

Monthly Income

Your Take Home Pay _____
Spouse's Take Home Pay _____
Allowance _____
Child Support Alimony _____
Social Security _____
Public Assistance _____
Unemployment _____
Support from Family/ Friends _____
Food Stamps _____
Savings _____
Misc. _____

Monthly Expenses

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

Name: _____

Date: _____

SERVICES NEEDED AND PREFERRED FORM (SNAP)

Desired Goals: (mark only one)

- Undecided Immediate Employment Assistance (no job preference)
- Employment in the same industry/occupation Career Change

Desired needs toward employment:

- Job Search Strategy/Guidance Resume and/or Cover Letter Interviewing Assistance
- Refresher Basic/Advanced Computer Classes Job Readiness Workshop
- Upgraded current skills needed Acquire transitional skills needed for new occupation
- Other: _____

List Occupational Areas of Interest

1. _____
2. _____
3. _____

Salary Expectations:

- Entry Wage (\$10K- \$20K)
 Middle Wage (\$25K - \$45K)
 High Wage (over \$60K)

Hours of Employment

- Full-time
 Part-time