

You must register at www.Missouricareersource.com in order for your application to be processed.

WIA PROGRAM APPLICATION
Missouri Career Center
3675 West Outer Rd. Ste. 102 Arnold, MO 63010
(636) 287-8909 or (800) 292-1314 or TDD: 696-287-9463

Name _____ SSN _____ Age _____ Gender _____

Mailing Address _____
Street Address _____ City _____ State _____ Zipcode _____

Birthdate _____ Phone _____ Email _____

RACE: White () Black () Hispanic () Indian () Asian/Oriental () Other ()

WORK AUTHORIZATION: U. S. Citizen () Registered Alien/Refugee ()

VETERAN STATUS: Yes () More than 180 days () Disabled () Campaign Veteran ()
Recently Separated (w/in 48 mo.) () Spouse of Veteran ()

Selective Service Registration: Yes () No () Registration # _____

Offender: No () Yes () Misdemeanor () Felony () Other ()

EDUCATION: H.S. Student () H.S. Graduate/GED () No H.S. Diploma () College ()

Name of School Currently Attending _____ Highest Grade Completed _____

Have you attended GED or AEL classes in the last 6 months? Yes () No ()
Do you have limited English language proficiency? Yes () No ()
Do you have any learning, mental, or physical disabilities? Yes () No ()
Do you have an Individual Educational Plan (IEP) at school? Yes () No ()
Do you plan to attend vocational/college classes? Yes () No ()

EMPLOYMENT HISTORY: List all positions for the last 6 months.

Begin/End Date Employer Hrs. per week Wage Reason for Leaving

What are your career interests? Medical () Computers () Education ()
Clerical () Green Technology () Other _____

Have you been looking for a job for the past two months and are still unemployed?
Yes () No ()

HOUSEHOLD MEMBERS:

Name SSN Relationship Employment Status/Income

Four horizontal lines for listing household members.

Total number in household (including yourself) _____

Did your parents claim you as a dependent on their income tax return? Yes () No ()

Emergency Contact _____ Phone _____

Are you allergic to anything? Yes () No () Explain _____

HOUSEHOLD INCOME: List all income amounts and type of income for the last six months.

(NOTE: If youth has a current IEP, only submit wage information for the applicant.)

Wages (applicant) _____ Wages (father/mother) _____

VA Payments _____ Military Pay _____

Unemployment _____ Social Security _____

Child Support _____ Foster Payment _____

Student Grants _____ Scholarship/Loan _____

Pensions (any type) _____ Other (alimony, etc.) _____

Food Stamps Received: From _____ to _____

Public Assistance (TANF, SSI, GR): From _____ to _____

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, SUBSEQUENT TERMINATION FROM THE WIA PROGRAM OR PROSECUTION UNDER THE LAW. WE ARE ASKING YOU TO PROVIDE VOLUNTARILY YOUR SOCIAL SECURITY NUMBER SO THAT THIS AGENCY CAN PROVIDE EMPLOYMENT ASSISTANCE TO YOU IN THE MOST TIMELY AND EFFICIENT WAY. THIS INFORMATION WILL BE USED TO IDENTIFY YOUR RECORD IN FILING SYSTEMS, FOR FOLLOW-UP SERVICES PROVIDED YOU, FOR VERIFICATION OF ELIGIBILITY FOR SERVICES INCLUDING MONETARY, AND FOR STATISTICAL REPORTING PURPOSES.

Applicant Legal Signature Date

Parent/Guardian Signature Date

Equal Employment Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities