

You must register at www.jobs.mo.gov in order for your application to be processed!

WIOA YOUTH PROGRAM APPLICATION

(Ages 16-24)

Arnold Job Center
3675 West Outer Rd. Suite 102
Arnold, MO 63010
(636) 865-6060

Relay Missouri 711

Washington Job Center
1108 Washington Square Shopping Ctr
Washington, MO 63090
(636) 583-9670

Name: _____ SSN: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Phone: _____ Email: _____

RACE: Hispanic White African American or Black American Indian or Alaska Native Native Hawaiian or Pacific Islander Asian Two or more races

GENDER: Male Female Not Identified

Work Authorization: U.S. Citizen Registered Alien/Refugee

Veteran Status: Yes No

Selective Service Registration: Yes No Registration Number: _____

Education: Not attending school Current High School Student HS Grad/HiSET Attending College

Name of School Currently Attending: _____ Highest Grade Completed? _____

Not attending High School/Dropout? Yes No Date last attended? _____

- Have you attended AEL classes in the last 6 months? Yes No
- Do you have limited English language proficiency? Yes No
- Do you have an Individual Educational Plan (IEP) currently or in the past? Yes No
- Do you plan to attend vocational/college classes? Yes No
- Have you been looking for a job for the past two months and are still unemployed? Yes No

IMPORTANT: If you answer YES to any of the following questions, you are not required to complete the "Household Income" Section on page 2, but do complete all other fields:

- Are you involved in the juvenile/adult justice system? Yes No
- Are you a foster child or aged out of foster system? Yes No
- Are you homeless? Yes No
- Are you pregnant or parenting? Yes No
- Do you have any learning, mental, or physical disabilities? Yes No
- Do you need to obtain your high school equivalency-HiSET? Yes No

Employment History: List all positions for the last six (6) months (attach additional page, if needed):

Begin/End Date	Employer's Name	Average Hours	Wage	Reason for Leaving

HOUSEHOLD MEMBERS:

<u>Name</u>	<u>Relationship</u>	<u>Employment Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number in household related by blood, marriage or adoption (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.

Wages (applicant): _____	Wages (family members): _____
VA Payments: _____	Military Pay: _____
Unemployment: _____	Social Security: _____
Child Support: _____	Foster Payment: _____
Student Grants: _____	Scholarship/Loans: _____
Pensions (any type): _____	Other (alimony, etc.): _____

Food Stamps Received: From _____ to _____

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

Do you qualify for the free lunch program at school? Yes No

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 WIOA PROGRAM OR PROSECUTION UNDER THE LAW. WE ARE ASKING YOU TO VOLUNTARILY PROVIDE YOUR SOCIAL SECURITY NUMBER SO 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

Reminder: Did you complete your jobs.mo.gov registration? Application will not be processed until completed.

WIOA Youth Specialist Date