



APPLICANT INFORMATION		
First Name	M.I.	Last Name
Date of Birth	Gender	SSN
Main Phone	Mailing Address	
Cell Phone		
Email	Physical Address (if different from Mailing Address)	
Name, address, phone and email of someone who does not live with you but knows how to contact you if you move		
Please mark all that apply for your Race/Ethnicity <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic/Latino		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes- (Veteran) please check all that apply <input type="checkbox"/> Campaign Veteran <input type="checkbox"/> Veteran who served less than 180 days <input type="checkbox"/> Other Eligible Person	
If male, are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	<input type="checkbox"/> Eligible Veteran (served more than 180 days) <input type="checkbox"/> Veteran with a disability <input type="checkbox"/> Veteran with a Special Disability as defined by the Veterans Administration <input type="checkbox"/> I separated from the service within the past 48 months What is the date of your active duty Military Separation? _____	
Are you an Alaska Resident and have resided in Alaska for the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on active military duty status and within 24 months of retirement or 12 months of separation from the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you attended a TAP Workshop in the prior three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have difficulty reading, writing, or speaking English? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your Citizen Status? <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Temporary Work Permit <input type="checkbox"/> Refugee or Parolee <input type="checkbox"/> Other, Please explain:	

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Are you an Individual with a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check all that apply <input type="checkbox"/> Physical Impairment, including mobility and sensory impairments <input type="checkbox"/> Both Physical and Mental <input type="checkbox"/> Mental Impairment, including cognitive and learning impairments <input type="checkbox"/> I do not wish to disclose	
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving Unemployment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you lack a sufficient work history? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No, my benefits are exhausted
Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you referred by WPRS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked in jobs that paid into unemployment insurance in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving any of the following benefits? If yes, please check all that apply <input type="checkbox"/> Temporary Assistance and/or Tribal Assistance for Needy Families (TANF) <input type="checkbox"/> Food Stamp Assistance <input type="checkbox"/> Alaska Temporary Assistance Program (ATAP) <input type="checkbox"/> General Assistance <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Security Income (SSI-SSA) <input type="checkbox"/> Social Security Disability Insurance (SSDI)	
What is your employment status? <input type="checkbox"/> Currently employed <input type="checkbox"/> Not employed <input type="checkbox"/> Employed but have received a notice of termination from employment or military separation	
Who is your current or last employer? Name: Dates worked: Reason for no longer working: Wage at this job (annual):	Have you ever been laid off from a job? if yes, Employer Name: Date of Layoff: Wage at dislocation (annual):
If employed, are you at risk of losing your job due to a downturn in the economy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If employed, do you need training in order to remain a self-sufficient wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you dependent on another's income and are no longer supported by that income? (due to divorce, spouse being laid off, death, recently separated veteran or their spouse, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	

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During the last 12 months, did you receive at least 50% of your income from farm work, work at least 25 days doing farm work and were not employed year round by the same employer? Yes No

If yes, was the job site for the farm work located beyond the commuting area of your permanent residence?

Yes No If a farm worker, what type? Agricultural Production and Services Food Processing
 This question does not apply to me; I was not a farm worker.

What is your current school status? In School - High School In School - Alternative High School
 In School – post High School Not attending School - I did not graduate High School
 Not attending school – I graduated High School

Are you receiving a Pell Grant? Yes No My application is pending

What is your level of education?

No school grades completed Attained a High School Diploma
 Completed ____grades (1-12) Attained a GED
 Completed____ years of college, or vo-tech (13-15) Attained a Certificate of Attendance/Completion
 Bachelors Degree Attained other Post-Secondary Degree or Cert.
 Education beyond the Bachelors Degree Attained Associates Diploma or Degree

Are you enrolled in any of the following programs?

Senior Community Service Employment Program (SCSEP) Title V Older Worker Program Yes No
National Farmworker Jobs Program Yes No YouthBuild Yes No
Indian and Native American Programs Yes No Job Corps Yes No

BARRIERS

Do you have an incarcerated parent? No Yes, mother Yes, father Yes, both parents

Are you in foster care? Yes No Are you an offender? Yes No

Are you a pregnant or parenting youth? Yes No Are you a runaway? Yes No

Are you between the ages of 14 and 21 and need additional assistance to complete an educational program or to secure and keep employment? Yes No

Are you deficient in basic literacy skills? Yes No *(to be completed by intake staff)*

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FAMILY INCOME

Please list all family members and their total earned income during the **past 6 months**.

Enter a zero in the income column if the person had no earnings or income. Family is defined as two or more persons related by blood, marriage, or decree of court that are living in a single residence, and are included in one or more of the following categories:

(A) A husband, wife, and dependent children; or (B) A parent or guardian and dependent children; or (C) A husband and wife. (Decree of court means guardianship or adoption.)

<p>Father \$ _____</p> <p>Mother \$ _____</p> <p>Self \$ _____</p> <p>Spouse \$ _____</p> <p>Dependent \$ _____</p> <p>Dependent \$ _____</p> <p>Dependent \$ _____</p> <p>Dependent \$ _____</p> <p>TOTAL 6 Month Gross Family Income \$ _____</p> <p>Total Family Size _____</p>	<p>Do NOT include:</p> <ul style="list-style-type: none"> • Alaska Permanent Fund Dividend • Unemployment Insurance • Alaska Temporary Assistance Program (ATAP) • Temporary Assistance to Needy Families (TANF) • Tribal Temporary Assistance to Needy Families • Tribal General Assistance • General Assistance • Refugee Cash Assistance • Workers Compensation lump sum settlement • Supplemental Security Income (SSI) • Aid to the Disabled • Aid to the Blind • Child Support • Senior Assistance • Military Income (active duty or veterans benefits)
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EQUAL EMPLOYMENT OPPORTUNITY IS THE LAW

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of

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genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected: The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (tollfree TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

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The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which and Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws. Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

Office of Federal Contract Compliance Programs (OFCCP)
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210
1-800-397-6251 (toll-free) or (202) 693-1337 (TTY)

OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX INDIVIDUALS WITH DISABILITIES

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance.

Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

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If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

Applicant Certification:

1. I certify to the best of my knowledge that the information in this application is accurate and true.
2. I understand that the information in this application is subject to verification.
3. I further agree to the use of my Social Security number, if provided, for the purposes of record identification and eligibility verification.
4. I understand that some elements within this application can be considered an applicant statement and/or self-attestation for the purposes of verification.
5. I certify that I cannot pay for the training I need in order to obtain or remain employed without incurring financial hardship upon myself and/or my family.
6. I understand that falsification of information shall be grounds for removal from the program, and/or I may have to repay benefits received, and/or legal action may be brought against me.

Applicant Signature

Date

Parent or Guardian Signature (If applicant is under age 18)

Date

Case Manager Signature

Date

PURPOSE: This form collects information required by the Workforce Investment Act to ensure fair administration and compliance of the Act (Authority: Public Law 105-22 sections 136, 185, and 188 August 7, 1998, Workforce Investment Act (WIA) of 1998).

USES: Registration information is routinely reported to the Federal Department of Labor (the source of the funds) and may be shared with One Stop partner agencies or grantees or to a Member of Congress or staff in response to your request for assistance when needed to further the implementation and operation of this program.

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DISCLOSURE OF INFORMATION: Furnishing your social security number is voluntary. If you provide this information, the Department of Labor and Workforce Development will not release it to other parties without written consent.