



Iowa – Region 9
Application for:
WIA Summer Youth Program

First Name:		Middle Initial:	
Last Name:		SSN:	
Street Address:		City/State/ Zip Code:	
Home Phone:		Alternative Phone:	
E-mail Address:		County of Residence:	
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you Homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Runaway?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Which **Ethnic Group(s)** do you consider yourself to be a part: (Select one or more)

<input type="checkbox"/> White	<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Hawaiian/Other Pacific Islander	

Citizenship

Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered no, please answer the following:	
Are you authorized for Employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is your INS Alien Number?	

Veteran Information

Are you a veteran, current, or former member of the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Education: What statement below best describes your education status?

<input type="checkbox"/> Student – High School or less	<input type="checkbox"/> Student attending Post High School
<input type="checkbox"/> Out-of-School (High School Dropout)	<input type="checkbox"/> High School graduate with employment difficulties
<input type="checkbox"/> High School Graduate with NO employment difficulties	

How many years of education have you completed? (Last full grade)	
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What phrase best describes your education level:

<input type="checkbox"/> No diploma or degree	<input type="checkbox"/> Certificate of completion	<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> High School Equivalency	<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Education beyond Bachelor
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Masters Degree

Do you plan to attend school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes – what date do you plan to start?	
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Educational Deficiencies

Do you have limited English proficiencies because your native language is not English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you unable to compute or solve math problems and/or read, write or speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Status

Which labor force status describes you?		<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Not in Labor Force
If employed – how many hours per week do you work?				
Do you believe you are underemployed? (Individual who is working less than 30 hours per week or who is employed any number of hours in a week that is substantially below their skill level and does not lead to self-sufficiency)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received a termination or lay-off notice?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of weeks unemployed in the last 26 weeks:			Number of weeks unemployed in the last 52 weeks:	
Pre-Program Dislocation Wage:			\$	
Do you feel you have a poor work history: (An individual who has not worked for the same employer for longer than 13 consecutive weeks in the last 12 calendar months)				<input type="checkbox"/> Yes <input type="checkbox"/> No

Public Assistance Information

Are you or are you a member of a family receiving Temporary Assistance to Needy Families (TANF)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Assistance:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refugee Cash Assistance (RCA):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Security Income:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, to SSI – what type of assistance (Disability or Survivor)			
Food Stamps:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not currently receiving Food Stamps, have you received Food Stamps in the last six months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Assistance

Are you a PELL Grant recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the amount?	\$	
Date of last PELL Grant payment?		
Are you receiving or did you receive services through a state rehabilitation services program or the Veterans Administration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Household Members

Please list everyone living in the same dwelling as you, or that you consider part of your family. Mark "S" if student or "D" if dependent or "E" if the person is not living in the same place as you at the moment.

Name	S	D	E	Date of Birth	SSN:	Relationship

Staff USE Only: Family Size =

Income

List all sources of gross income received from all **household family members** during the six months prior to the date of this application. List self-employed income (net) for the last 12 months prior to the date of this application.

Income Source	Dates Received	Who Received Income	6 Mo. Income Received	12 Mo. Income Received
Wages				
Wages				
Wages				
Grants/Scholarships				
Work Study				
SS Disability				
SS – Old Age/Survivors				
Retirement/Pension				
Workman’s Comp.				
Other - Specify:				
FIP:				
Food Stamps:				

Family Information

What is **your** current marital status?

<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
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What choice describes **you**?

<input type="checkbox"/> Parent in a one-parent family	<input type="checkbox"/> Parent in a two-parent family	<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Not a Family Member
Family Size:			
APPLICANT: Number of dependents less than 18 years old?			
Are you Head of Household?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If less than 18 years old, are you living independently (emancipated youth)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a foster child?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you a foster child when you were under 18 years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you less than age 22 and providing custodial care for a child?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you expecting to become a parent in the immediate future? (ie next 6-7 months?)			<input type="checkbox"/> Yes <input type="checkbox"/> No

Barrier Information

<input type="checkbox"/>	Are you or have you been in any stage of the criminal justice process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe the legal problem:	
<input type="checkbox"/>	Do you have any felony or misdemeanor arrests or convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what was the Date of Conviction?	
	If yes, what was the Date of Release?	
	Provide details regarding arrests and convictions:	

Are you involved in any pending legal actions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe the pending legal action:			
Are you under any court orders?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe the court order:			
Is substance abuse treatment required for employment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Barriers:			
Homeless		High School Dropout	
Person with Disability / Disabled Veteran		Foster Child	
Runaway Youth		Pregnant or Parenting Youth	
Displaced Homemaker		Offender (Youth or Adult)	
Poor Work History (includes lack of significant work history)		Substance Abuse	
Limited English Proficiency		Basic Skills Deficient	
Any additional barriers: Please list any additional barriers you have			

Work History:

Begin with most current job FIRST

Employer Name:				Job Title:	
Months Experience:		Hours/Week:		Reason for Leaving:	
Salary:		Per:			
Job Duties:					
Start Date:				End Date:	
Employer Address:					
Employer Name:				Job Title:	
Months Experience:		Hours/Week:		Reason for Leaving:	
Salary:		Per:			
Job Duties:					
Start Date:				End Date:	
Employer Address:					

Signatures

I certify that the information I have provided on this application is true to the best of my knowledge. I am also aware that the information I have provided may be reviewed and verified, and that I may have to provide documents to support this information. I allow release of this information for documentation purposes. I authorize the release of Job Insurance information from Iowa Workforce Development for purposes of Workforce Investment Act (WIA) eligibility and determining need.

Further, I understand that this information will be used to determine my eligibility for programs under the Workforce Investment Act (WIA). I am aware that I am subject to immediate termination and that I may be prosecuted for fraud and/or perjury if I am found ineligible after enrollment. Also, I authorize the use of my Social Security Number as an identifier for WIA program administrative purposes.

I understand that there is no guarantee of being referred or selected for a summer job. Slots and funds are limited. When the counties authorized number of works slots are full, job applicants and worksites in process of eligibility, referral, interview, and even hire cannot be authorized to begin work. I will not begin work without a WRITTEN authorized start date from low@Work.

Applicant Signature

Date

Parent

Legal Guardian

Parent/Legal Guardian of the above applicant: I certify by my signature below that the information provided is correct to the best of my knowledge and that, if accepted; my dependent may participate in the WIA program.

Parent/Legal Guardian Signature

Date

Representative Signature

Date

Equal Opportunity Is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I - financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program activity;

Providing opportunities in, or treating any person with regard to, such a program or activity; or

Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days of the alleged violation with either:

The recipient's Equal Opportunity Officer for the person whom the recipient has designated for this purpose); or

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

FOR INFORMATION OR TO FILE A COMPLAINT, CONTACT

State WIA EO Officer
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319-0209

Telephone: (515) 281-5902
Relay 711

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer Program

Effective Date: This notice is effective immediately and will remain in effect until further notice.

Director, Elisabeth Buck

I certify that I have been afforded an opportunity to discuss the "EQUAL OPPORTUNITY IS THE LAW" Notice with a Workforce Development Center Representative. Please be advised that the Information you provide to the Workforce Development Center may be made available to the Federal, State or Local agencies and their subcontractors who administer employment and training programs.

Print Name: _____

Signature: _____

Social Security Number: _____

Date: _____

