If you are age 14 - 24 and need help in learning skills that will help you obtain an appropriate education and employment, we may be able to help you. If you qualify, we offer assistance in getting a high school diploma (or equivalent) and in obtaining workplace and classroom training that leads to employment. If you are interested in such training, we invite you to complete the attached information and return it to:

You may also call for an appointment at:

If you are 18 years old or older, you may also qualify for the Adult program. A case manager will help you determine which program (or both) best fits your educational and employment needs.

You will be asked to document certain information you provide on the application. We can help you obtain such information, if needed, but your application will be processed more quickly if you could bring the information with you. We suggest you bring the following documentation if applicable (alternate documentation can be arranged, if needed):

- Drivers’ license, passport, school ID, or other government-issued ID that has your picture
- Signed Social Security card
- U. S. birth certificate, if you have one (If you don’t, there is other documentation we can use.)
- If you are not a U. S. Citizen, a permanent resident card or other card stating authority to work in the United States
- If you are a veteran, your DD-214
- If you are a disabled veteran, widow or widower of a veteran or an “eligible spouse,” bring VA documentation of your status if you have it
- Selective Service registration card or letter, if applicable (We can obtain the information online, if needed.)
- Bring documentation of a disability, if you have one and there is documentation
- If you are low-income, you may bring documentation, or we will help you obtain it. Low-income includes receiving cash public assistance (SNAP, TEA. Work Pays, or SSI), being homeless, qualifying for free or reduced lunches, or having a child who qualifies for free or reduced-price lunches. You may also qualify if you live in an area that has high poverty. If you do not meet any of these criteria, you may need documentation of the number of people in your household and the income of all individuals in the home. If you’re not sure what to bring, we can help you after we talk with you.
PERSONAL INFORMATION

Last Name: ______________________  First Name: ______________________  Middle: ______________________
Mailing Address: ______________________  City: ______________________  Zip: ______________________
Physical Address: ______________________  City: ______________________  Zip: ______________________
County: ______________________  E-Mail Address: ______________________
Telephone: ______________________  Cell Phone: ______________________  Do you accept texts? [ ] Yes [ ] No
Relative’s Name: ______________________  Tele. #: ______________________
Another Relative’s Name: ______________________  Tele. #: ______________________
Social Security Number (used for program performance purposes): ______________________
Birthdate: ______________________  Age: ________  Sex (at birth): [ ] Male [ ] Female
Are you Hispanic or Latino? [ ] Yes [ ] No [ ] Prefer not to answer

What is your Race? (Select one or more):
[ ] White or Caucasian [ ] Asian or Asian American [ ] Black or African American
[ ] Hawaiian or Other Pacific Islander [ ] American Indian or Alaska Native
[ ] More than one race [ ] Prefer not to answer

Do you acknowledge a disability that substantially limits one or more major life activity? [ ] Yes [ ] No
If yes, do you need special accommodations for the disability? [ ] Yes [ ] No
If yes, what accommodations do you need?

Do you receive Social Security Disability Insurance? [ ] Yes [ ] No

Do you have trouble solving problems OR reading, writing, and speaking English at a level necessary to function on the job or at school? [ ] Yes [ ] No

Is English your primary language? [ ] Yes [ ] No
Do you live in a family or community where English is not the primary language spoken? [ ] Yes [ ] No

Are you registered with Selective Service? [ ] Yes [ ] No
Are you a U.S. Citizen? [ ] Yes [ ] No  If no, are you a permanent resident alien? [ ] Yes [ ] No
If no for both, are you a lawfully admitted refugee, asylees, parolee, or other immigrant authorized to work in the United States? [ ] Yes [ ] No

Are you a veteran? [ ] Yes [ ] No  Are you the spouse of a veteran? [ ] Yes [ ] No
Are you a widow or widower of a veteran? [ ] Yes [ ] No

Have you registered with Arkansas Job Link? [ ] Yes [ ] No

Are you an Arkansas Works referral from the state Medicaid expansion program? [ ] Yes [ ] No
(Arkansas Works is a Governor’s initiative DHS program that refers DHS clients to DWS job service staff for employment assistance)

Have you been subject to any stage of the youth or adult criminal justice process for committing an offense or delinquent act, OR do you have trouble obtaining or keeping a job because of an arrest or conviction? [ ] Yes [ ] No
EDUCATION

Do you currently attend school (including college or technical education)? [ ] Yes [ ] No
  If so, where? ______________________________________

Are you working toward a GED®? [ ] Yes [ ] No

Do you have a high school diploma or GED? [ ] Yes [ ] No
  If yes, where? ______________________________________
  If no, what is the highest grade you completed? __________

Do you have a college degree or certificate? [ ] Yes [ ] No
  If yes, what is your highest degree or certificate? __________________________
  What was your major? __________________________

Do you have college work toward an unfinished certificate? [ ] Yes [ ] No
  If so, where? ______________________________________
  Why did you stop? ______________________________________

WORK HISTORY (list current or most recent first. Please list dates as completely as possible.)

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<thead>
<tr>
<th>Employer Name:</th>
<th>Start:</th>
<th>End:</th>
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<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
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<tr>
<td>Job title:</td>
<td># Hours per week:</td>
<td>Hourly wage:</td>
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<tr>
<td>Reason for leaving: [ ] Quit [ ] Laid off [ ] Moved from area [ ] Fired [ ] Other:</td>
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Which best describes your current employment status? (Check all that apply)

[ ] Employed (working for wages, self-employed, or working 15+ hours per week unpaid in family business. “Employed” includes if you are away from job because of vacation, leave, etc.)
[ ] Part-time [ ] Full-time (PT is less than 30 hrs/wk or considered PT by your employer)
[ ] Self-employed
[ ] Employed, but received termination notice from employer/military
[ ] Not employed (not working, but available for work and looking for work)
[ ] Exhausted Unemployment Benefits, and don’t have an appropriate job
[ ] Have been unemployed for 27 or more consecutive weeks, but have been looking for work and was available for work during the entire time
[ ] Not in labor force (not employed and have not actively been looking for work)
INCOME
Some of our services have income requirements. We, therefore, need the following information to help determine need for particular services:

Do you or a family member currently receive (or received in the last 6 months) any of the following (check all that apply):

- [ ] SNAP
- [ ] TEA
- [ ] Work Pays
- [ ] Supplemental Security Income (SSI)

Are you within 2 years of exhausting your life-time TEA eligibility?  
- [ ] Yes
- [ ] No
- [ ] N/A

List all members who live in the household at any time in the last 6 month, their relationship to you, and their sources of income for last 6 months:

Family is defined as two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- A married couple and dependent children
- A parent or guardian and dependent children
- A married couple

Ask for the definition of a dependent child if needed.

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<tr>
<th>Name</th>
<th>Relationship to you</th>
<th>Age</th>
<th>All sources of Income</th>
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<tr>
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<td>Self</td>
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(If needed, place information about additional household members on back or on additional pages)

Do you certify that the income sources above are all the sources of income for your family?

- [ ] Yes  
- [ ] No

If No, Explain:

**Barriers to Employment** (some barriers are included in the information already asked)

Check any of the following that you think may apply to you:

- [ ] A homeless individual (lack a fixed, regular, and adequate nighttime residence)
- [ ] A runaway (under the age of 18 and has left home without the permission of your parents/guardians)
- [ ] In foster care, aged out of foster care, or attained the age of 16 and left foster care for kinship guardianship or adoption or an out-of-home placement
- [ ] Pregnant female or a parenting male or female (custodial or non-custodial)
  - If checked, are you single?  
    - [ ] Yes
    - [ ] No
- [ ] Face cultural barriers to employment because your beliefs, customs, or practices serve as a hindrance to employment
Release of Information Acknowledgement & Consent

____ I authorize ___________________________________________, the local provider of WIOA Title I-B Adult and Dislocated Worker Programs (hereafter called WIOA) to use the information in this application to help me reach my goals. I also authorize them to exchange pertinent personal information with other service providers as appropriate to help meet my needs and reach my goals. I understand that all exchanged information shall remain private and confidential in accordance with the confidentiality policies of each agency receiving or sharing information.

____ I authorize the Social Security Administration, the Arkansas Department of Workforce Services, the Arkansas Department of Human Services, the Arkansas Department of Career Services, the Arkansas Department of Higher Education, the Arkansas Department of Corrections, the local and state police and sheriff departments, appropriate WIOA One-Stop partners, employers (past and present), educational entities, and other appropriate entities to share with WIOA information that can help me establish eligibility for services, reach my goals, and document my successes. Information shared may include, but is not limited to, information that could help me become eligible for appropriate programs; assessments; benefits received from SNAP, TANF, Social Security, SSI, and/or Unemployment Insurance; grants, scholarships, and loans received for training; grades, attendance records, and credentials for training or work experiences provided by (or for which supportive services are provided by) WIOA, and other information that could help me meet my goals and document my outcomes.

____ I agree to hold harmless the Arkansas Workforce Center, the Local Workforce Development Board, WIOA, or entities releasing information to WIOA, for information released according to the confidentiality guidelines of such agencies.

____ I agree that a copy of this authorization may be used as an original.

____ This authorization shall continue for one (1) year from the date of exit from the WIOA program or until such time that WIOA is notified in writing by the applicant that the authorization is canceled.

____ I understand that submission of this application and/or eligibility determination does not guarantee enrollment.

____ I certify that I have read and fully understand all questions asked on this application, and that I should ask for clarifications if needed before I sign this application.

____ I certify this information to be true to the best of my knowledge, and there is no intent to commit fraud. I am aware that if I am found ineligible after starting the program, I will not be allowed to continue in the program. I am also aware that legal action may be taken against me if it is found that I knowingly provided false information or fraudulent documentation during the eligibility process.

_________________________________________  ____________________
Applicant’s Signature                        Date

_________________________________________  ____________________
Parent’s Signature, if applicant is under 18 years old  Date