

# Workforce Investment Act (WIA)

**Northwest Iowa Planning and  
Development Commission  
Iowa – Regions 3 & 4  
217 West 5<sup>th</sup> Street  
Spencer, IA 51301**

Return to: NWIPDC  
PO Box 1493  
Spencer, IA 51301  
800-798-7224 X 133

## Application for Employment and Training Services

### Basic Information:

---

First Name	Middle Name	Last Name	Social Security Number		
Street Address	City	State	Zip Code	County	
Home Phone - Cell Phone	E-mail Address		Date of Birth	Age	Gender

---

### Personal Demographics:

Are you Homeless?  Yes  No      Are you a Runaway Youth?  Yes  No

Are you a citizen or a national of the United States?  Yes  No

If no, answer the following questions:

Are you authorized for employment?  Yes  No

If yes, what is your INS Alien Number?  Yes  No

Do you have a physical or mental disability?  Yes  No

If yes, would you consider the disability to be a substantial barrier to employment?  Yes  No

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

American Indian/Alaskan Native     Hawaiian/Other Pacific Islander     Black/African American  
 Asian     White    Do you consider yourself Hispanic or Latino?  Yes  No

Do you have a driver's license?  Yes  No

---

### Veteran Information:

If you are Male and turned age 18 (born on or after 1/1/60), did you register with the US Selective Service?

Yes  No  Not Applicable

Are you a Veteran, current, or former member of the U.S. Armed Forces?  Yes  No

If yes, please answer the following questions:

Were you involuntarily separated as a result of a reduction in forces?  Yes  No

What type of discharge did you receive? \_\_\_\_\_

What was your last Branch of Services? \_\_\_\_\_

Date Served (mm/dd/yyyy) Entered Duty: \_\_\_\_\_ Exited Duty: \_\_\_\_\_

If you are or were a reservist was any of your duty "active" or in an armed conflict?  Yes  No

What was your last pay grade? \_\_\_\_\_

Does the military consider you disabled?  Yes  No

If yes, is the disability service related?  Yes  No

What is your disability rating? \_\_\_\_\_%

---

---

**Employment Status:**

Are you currently terminated or laid off from your job? \_\_\_\_ Yes \_\_\_\_ No

Are you going to be laid off? \_\_\_\_ Yes \_\_\_\_ No

Which labor force status best describes you? \_\_\_\_ Employed \_\_\_\_ Unemployed \_\_\_\_ Laid Off

Do you believe your UNDEREMPLOYED; working fewer hours than needed or working in an occupation not equal with your education or experience? \_\_\_\_ Yes \_\_\_\_ No

What is your unemployment insurance status: \_\_\_\_ Applied \_\_\_\_ Eligible but not applied \_\_\_\_ Currently Receiving  
\_\_\_\_ Exhausted weekly benefits \_\_\_\_ Denied

Amount of your weekly unemployment insurance benefit? \_\_\_\_\_

What was the last date you received a check? \_\_\_\_\_

Are you not eligible for unemployment because your previous job was in "Uncovered Employment"? \_\_\_\_ Yes \_\_\_\_ No

If previously self-employed are you unemployed because of poor local economic conditions or the result of a natural disaster? \_\_\_\_ Yes \_\_\_\_ No

Are or were you employed as a Farmhand on a Farm that discontinued operation? \_\_\_\_ Yes \_\_\_\_ No

Are you a resident of a farm that had over \$1,000.00 in sales in the last year? \_\_\_\_ Yes \_\_\_\_ No

Number of weeks you were unemployed in the last 26 weeks: \_\_\_\_\_

Number of weeks you were unemployed of the last 52 weeks: \_\_\_\_\_

What is your anticipated date of recall from layoff? \_\_\_\_\_

Were you referred by the Worker Profiling Re-Employment System? \_\_\_\_ Yes \_\_\_\_ No

---

**Dislocated Worker:**

Name of the business that you are laid off from: \_\_\_\_\_

Is it likely that you will return to your previous occupation or industry? \_\_\_\_ Yes \_\_\_\_ No

Which of the following best describes your employment status with your current or last employer:

\_\_\_\_ Laid Off \_\_\_\_ Received Layoff Notice \_\_\_\_ Unemployed due to Plant Closure \_\_\_\_ Quit or Fired

Has your employer announced that your plant location will be closing? \_\_\_\_ Yes \_\_\_\_ No

Have you received a termination or layoff notice? \_\_\_\_ Yes \_\_\_\_ No

If still employed what is the actual or projected date of layoff: \_\_\_\_\_

If unemployed, what was the date of layoff from the employer? \_\_\_\_\_

Wage at date of layoff: \_\_\_\_\_ What was the total number of months employed? \_\_\_\_\_

---

**Work History: Begin with your most RECENT EMPLOYMENT:**

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Start Date \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Wage Per Hour: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Start Date \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Wage Per Hour: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Start Date \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Wage Per Hour: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Job Duties: \_\_\_\_\_

---

---

**Displaced Homemaker:**

Have you been providing primarily unpaid services to family members in the home? \_\_\_\_ Yes \_\_\_\_ No  
If a fulltime homemaker, for how long have you been? \_\_\_\_\_  
Have you been unable to obtain employment or upgrade your employment? \_\_\_\_ Yes \_\_\_\_ No  
Have you been primarily dependent on the income of another family member and now are no longer supported by that income? \_\_\_\_ Yes \_\_\_\_ No  
Do you feel you lack a good work history to obtain a job? \_\_\_\_ Yes \_\_\_\_ No

---

**Education:**

Which statement best describes your education status:

\_\_\_\_ High School or Middle School Student      \_\_\_\_ Out of School High School Dropout  
\_\_\_\_ High School Graduate with no employment difficulties      \_\_\_\_ Student attending post high school  
\_\_\_\_ High School Graduate with employment difficulties

How many years of education have you completed? \_\_\_\_\_ Where? \_\_\_\_\_

What best describes your education level:

\_\_\_\_ No diploma or degree      \_\_\_\_ Associates Degree  
\_\_\_\_ High School Diploma      \_\_\_\_ Bachelors Degree  
\_\_\_\_ GED      \_\_\_\_ Education beyond Bachelors  
\_\_\_\_ Certificate of Completion      \_\_\_\_ Masters Degree  
\_\_\_\_ Vocational Completion      \_\_\_\_ Doctorate

Do you plan to attend school? \_\_\_\_ Yes \_\_\_\_ No If yes, what date to you plan to start? \_\_\_\_\_  
What program are you wanting to pursue? \_\_\_\_\_ What school are you planning to attend? \_\_\_\_\_  
If you are a High School or Middle School student are you considering dropping out of school? \_\_\_\_ Yes \_\_\_\_ No  
Do you need additional Educational Assistance? \_\_\_\_ Yes \_\_\_\_ No  
Do you have limited English because your native language is not English? \_\_\_\_ Yes \_\_\_\_ No  
Are you unable to compute or solve math problems AND/OR read, write, or speak English? \_\_\_\_ Yes \_\_\_\_ No

---

**Public Assistance:**

Are you or are you a member of a family receiving Family Investment Program (FIP)? \_\_\_\_ Yes \_\_\_\_ No  
For how many of the last 18 months did you or your family receive (FIP)? \_\_\_\_\_  
For how many of the last 60 months did you or your family receive (FIP)? \_\_\_\_\_  
Have you or your family received (FIP) 30 months or more starting 8/5/1997? \_\_\_\_ Yes \_\_\_\_ No  
Will you or your family no longer be eligible for (FIP) within the next 12 months due to the five year lifetime limit?  
\_\_\_\_ Yes \_\_\_\_ No  
Have you exhausted your five year lifetime limit on FIP? \_\_\_\_ Yes \_\_\_\_ No

Are you or your family currently receiving any of the following:

General Assistance \_\_\_\_ Yes \_\_\_\_ No      Supplemental Security Income \_\_\_\_ Yes \_\_\_\_ No  
Refugee Cash Assistance \_\_\_\_ Yes \_\_\_\_ No      Food Stamps \_\_\_\_ Yes \_\_\_\_ No  
If you are no longer receiving SSI, was the last month received within the last 60 months? \_\_\_\_ Yes \_\_\_\_ No  
If you are a veteran, were you a family member that received Food Stamps for at least 3 months of the last 15 months?  
\_\_\_\_ Yes \_\_\_\_ No

---

**Other Assistance:**

Are you a PELL Grant recipient? \_\_\_\_ Yes \_\_\_\_ 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 (Vocational Rehabilitation) or the Veteran's Administration? \_\_\_\_ Yes \_\_\_\_ No

---



**Income:**

List all sources of **GROSS** income received from all household 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	Who Received The Income	6 Month Gross Income
Wages		
Wages		
Wages		
FIP		
Food Stamps		
Work Study		
Social Security Disability		
SS-Old Age/Survivors		
Retirement/Pension		
Worker's Comp.		
Other-Specify		

I certify that the information I have proved on this application is true to the best of my knowledge. I am also aware that the information I have proved 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 the 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.

If requested, a copy of the complaint procedures and the WIA Equal Employment Opportunity Policy will be provided.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Required only if 17 years of age or younger**

\_\_\_\_ 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**

**FOR WIA USE ONLY:**

Eligible? \_\_\_\_ Yes \_\_\_\_ No If yes, for: \_\_\_\_ Adult \_\_\_\_ In-School Youth \_\_\_\_ Out of School Youth  
\_\_\_\_ Dislocated Worker \_\_\_\_ NEG \_\_\_\_ Other

\_\_\_\_ Enrolled \_\_\_\_ Date of Enrollment \_\_\_\_ Not Enrolled \_\_\_\_ Referred

\_\_\_\_\_  
**Interviewer's Signature**

\_\_\_\_\_  
**Date**

**Eligibility Review Certification:**

I have reviewed the entries on this form and have found them:

\_\_\_\_ Acceptable \_\_\_\_ Not Acceptable for the eligibility determination made herein. (Requires corrective action)

\_\_\_\_\_  
**Reviewer's Signature**

\_\_\_\_\_  
**Date**