



**I. APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:  Male  Female SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Mailing Address: \_\_\_\_\_  
Box Number City State Zip Code

Village: \_\_\_\_\_ Email: \_\_\_\_\_

Cellphone #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino Citizenship: \_\_\_\_\_

Race: *(Check one or more that you consider yourself & specify on the line)*

- Caucasian/White (Non-Hispanic)  Black/African American
- American Indian or Alaskan Native  Asian: \_\_\_\_\_
- Native Hawaiian  Pacific Islander \_\_\_\_\_
- Other: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Separated

Student Type: *(Check all that apply)*

- Adult School  HSE (HiSET)  Workplace Training

**DO NOT WRITE HERE -- STAFF USE ONLY**

Reviewed by: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_  
 Advising Hours: \_\_\_\_\_  
 CASAS Assessment:  
 Reading: \_\_\_\_\_ Form: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Math: \_\_\_\_\_ Form: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Documents Received:**

- Social Security Card
- Birth Certificate
- Certification Letter
- Government Issued ID
  - Passport
  - Driver's License
  - Mayor's ID
  - NMI Descent
  - Greencard
  - Other: \_\_\_\_\_
- O\*Net Interest Profile

**Referred by:**

- WIA  OVR  NAP
- Employer: \_\_\_\_\_
- Other: \_\_\_\_\_

**Personal Status**

- WIOA, Title I  WIOA, TITLE II
- WIOA, Title III  WIOA, TITLE IV
- TANF
- Other public assistance
- Dislocated worker
- Veteran
- Concurrently enrolled in highschool/K12
- Other



**II. PERSONAL DATA**

1. Do you receive any money or other help from the U.S government (Public Assistance)?

- |  |  |
|--|--|
| <input type="checkbox"/> YES ( <i>Please specify</i> ) | <input type="checkbox"/> NO                              |
| <input type="radio"/> Food Stamps                      | <input type="radio"/> SSI (Supplemental Security Income) |
| <input type="radio"/> Child Care                       | <input type="radio"/> WIC (Women Infant Care)            |
| <input type="radio"/> SSD (Social Security Disability) | <input type="radio"/> Home Energy Assistance             |
| <input type="radio"/> MIHA (Section 8 Housing)         | <input type="radio"/> Other: _____                       |
| <input type="radio"/> Medicaid                         |  |

2. Do you live in a shelter?  YES  NO

3. Are you currently in a Corrections Work Release Program?  YES  NO

4. Do you have a:

Felony Conviction	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Misdemeanor Conviction	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, state the nature of crime(s), when, and where convicted and disposition of case?

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5. Have you been Court-Ordered to attend classes by a judge in a court of law?  YES  NO

6. Are you a single parent?  YES  NO

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Attainable Goal Within Program Year (Mark one in each column)		
1	2	(1-Primary, 2-Secondary)
		Improve basic skills
		Improve English skills
		H.S Diploma/HSE
		Get a job
		Retain a job
		Get a better job
		Enter college or training
		Work-based project
		Family Goal
		U.S Citizenship
		Military
		Personal Goal
		None
		Other

**Employment Barriers  
(Mark all that apply or leave blank)**

- Displaced Homemakers
- English Language Learners, Low Levels of Literacy, Cultural Barriers
- No TANF within 2 years
- Ex-offenders
- Homeless individuals
- Long-term unemployed
- Low-Income Individuals
- Migrant & Seasonal Farmworker
- Individuals with Disabilities
- Single Parent
- Youth in foster care or aged out of system



**III. EDUCATION**

1. What programs interest you? *(Please check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Agriculture, Food, & Natural Resources   | <input type="checkbox"/> Hospitality & Tourism                      |
| <input type="checkbox"/> Architecture & Construction              | <input type="checkbox"/> Human Services                             |
| <input type="checkbox"/> Arts, Audio/Video Tech. & Communications | <input type="checkbox"/> Information Technology                     |
| <input type="checkbox"/> Business Mgmt. & Administration          | <input type="checkbox"/> Law, Public Safety, Corrections & Security |
| <input type="checkbox"/> Education & Training                     | <input type="checkbox"/> Manufacturing                              |
| <input type="checkbox"/> Finance                                  | <input type="checkbox"/> Marketing                                  |
| <input type="checkbox"/> Government & Public Administration       | <input type="checkbox"/> Science, Technology, Engineering & Math    |
| <input type="checkbox"/> Health Science                           | <input type="checkbox"/> Transportation, Distribution & Logistics   |

2. What is the highest school grade you completed?

- |  |   |
|--|---|
| <input type="checkbox"/> No School Completed | <input type="checkbox"/> Grade 10                 |
| <input type="checkbox"/> Grade 1             | <input type="checkbox"/> Grade 11                 |
| <input type="checkbox"/> Grade 2             | <input type="checkbox"/> Grade 12                 |
| <input type="checkbox"/> Grade 3             | <input type="checkbox"/> High School Diploma      |
| <input type="checkbox"/> Grade 4             | <input type="checkbox"/> HSE Certificate          |
| <input type="checkbox"/> Grade 5             | <input type="checkbox"/> Some college, no degree  |
| <input type="checkbox"/> Grade 6             | <input type="checkbox"/> Associate's Degree       |
| <input type="checkbox"/> Grade 7             | <input type="checkbox"/> Bachelor's Degree        |
| <input type="checkbox"/> Grade 8             | <input type="checkbox"/> Beyond Bachelor's Degree |
| <input type="checkbox"/> Grade 9             | <input type="checkbox"/> IEP                      |

**3. Personal/Family Education History**

a. Was a majority of your schooling within the U.S.?  YES  NO

b. Did you earn any diplomas or degrees above within the U.S.?  YES  NO

c. What was the name of the last K-12 school you attended? \_\_\_\_\_

d. Have you ever attended Adult Basic Education?  YES  NO

If yes, what year? \_\_\_\_\_ What site? \_\_\_\_\_

e. Have you ever attended a training program or college?  YES  NO

If yes, where? \_\_\_\_\_ What type of training? \_\_\_\_\_

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O\*Net Interest Profiler results:

Undecided on training choice or need more information.

Indicate the country of schooling here if outside of the U.S.:

Verify with student highest grade completed. *"What grade did you leave school? If you left XXth grade then you completed XXth grade (the grade before)."*

3d. If unknown by the student, verify in TE.



f. What other training or certification have you completed?

None    Mothered/Fathered    Parenting Skills    Other \_\_\_\_\_

g. Are you enrolled in any other training program, college, or university now?    YES    NO

If yes, where? \_\_\_\_\_ What are you studying? \_\_\_\_\_

h. Did either your mother or father attend college?    YES    NO    Unknown

**IV. ACCOMODATIONS**

1. Was school difficult for you?    YES    NO

If yes, explain. \_\_\_\_\_

2. Do you think you have trouble learning new information?    YES    NO

If yes, what kind of things you have trouble with? \_\_\_\_\_

3. Do you feel you are easily distracted?    YES    NO

4. Have you ever had special help or special classes?    YES    NO

If yes, what kind? \_\_\_\_\_ Where: \_\_\_\_\_

5. Do you have a documented disability?    YES    NO    Prefer not to disclose

If yes, would you like to request any special accommodations?    YES    NO

6. Do you have problem with your vision (eyes)?    YES    NO

If yes, explain. \_\_\_\_\_

7. Do you have problem with your hearing (ears)?    YES    NO

If yes, explain. \_\_\_\_\_

8. Do you have other problems that make studying or working difficult?    YES    NO

If yes, what kind? \_\_\_\_\_

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Clarify any "YES" questions.

If he/she marks a disability, note any needs that will assist them in assessment, training, or work.



9. What could make it difficult for you to come to class? *(Check all that apply)*

- None
- Work schedule
- Finding transportation
- Finding childcare
- My disability
- My medication
- Other \_\_\_\_\_

**V. Language**

1. What was the first language you learned? \_\_\_\_\_

2. What is your primary language at home? \_\_\_\_\_

3. Do you understand English more than any other language?     YES                       NO

4. What other language can you speak? *(Select all that apply)*

- English     Spanish                       Vietnamese                       Chinese                       Japanese
- Thai                       Tagalog                       Korean                       Lao                       Russian
- Farsi                       Chamorro                       Palauan                       Carolinian                       Chuukese
- Other: \_\_\_\_\_

**VI. Work Eligibility Status**

1. Are you a WIA REGISTRANT *(referred by Workforce Investment Agency)*     YES                       NO

2. What is your current employment status?

- Employed *(If employed, please answer A-F. Skip question 3)*
- Unemployed *(If unemployed, skip A-F. Proceed to question 3.)*
- Employed, but Received Notice of Termination or Military Separation is pending
- Not in labor force

a. Are you:     Full time                       Part time

b. Who is your current employer? \_\_\_\_\_

c. How long have you worked there? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

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**Specify Employment Definition:**

- A. Currently performing any work at all as a paid employee.
- B. Current performing any work at all in his/her own business, profession, or farm.
- C. Currently performing any work as an unpaid worker in an enterprise operated by a member of the family
- D. One who is not working, but currently has a job or business from which he/she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

**Employment Status Definitions:**

Not in labor force: Not employed and are **not actively looking for work, including those who are incarcerated.**

Unemployed: Not employed, **but is seeking employment, makes specific effort to find a job, and is available for work.**

**Notes on Employment:**



d. What is your job title/position? \_\_\_\_\_

e. Hours worked per week: \_\_\_\_\_ f. Hourly wage: \_\_\_\_\_ g. Median Earnings: \_\_\_\_\_

3. Have you been unemployed (*actively looking for employment and making specific effort to find a job*) for more than 27 weeks?  YES  NO

4. What are your employment goals?  
 Gain experience  Get a promotion  Salary raise  Retain job  
 Other: \_\_\_\_\_

5. Are you legally able to work in the United States?  YES  NO

**VII. Ability to Participate**

1. Are you under the age of 16?  YES  NO

If so, do you have a certification letter from the school?  YES  NO

2. Do you have a dependent children?  YES  NO

If yes, will you need to find childcare to go to school?  YES  NO

If yes, describe your current childcare arrangement

Afterschool  Full-day  Evening

3. Describe your transportation arrangement to school  
 Taxi  Walk  Own a car  Bicycles  Public Transportation  
 Carpool  Dropped by friend/family  Other: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE HERE – STAFF USE ONLY**

**Unemployed:** Not employed, **but is seeking employment, makes specific effort to find a job, and is available for work.** (If yes, check Long-term unemployed under barriers to employment)

Clarify eligibility to work. Ask what type of work document(s) s/he has.

Verify student's age. If applicant is under 18 before graduating, ask why did you not complete?