



Fond du Lac Band of Lake Superior Chippewa Workforce Innovation Opportunity Act (WIOA) Application

Date: _____

Position or training assistance applying for: _____

Name: _____

Last _____ *First* _____ *Middle* _____ *Maiden* _____

Birthdate: _____ SSN: _____

Address: _____

Street _____ *City* _____ *State* _____ *Zip* _____ *County* _____

Phone: _____ Email: _____

Age: _____ Gender: _____

Have you participated in WIOA previously? No Yes If yes, when? _____

Are you a veteran? No Yes If yes, please list dates served: _____

Ethnicity (please check one)

- Native American - Please list tribal Affiliation/enrollment number _____
- White
- Black
- Hispanic
- Asian/Pacific Islander
- Alaskan Native

Education

Are you currently a student (high school)?

Have you dropped out from school?

If yes, have you received your General Education Diploma (GED)?

If no, what is the highest grade you have completed? _____

Are you a high school graduate who has not attended college or enrolled in a vocational school?

Are you a college attendee or graduate?

YES NO

List schools attended:

School	Name and City	Course of Study	Years Completed	Graduation Date	Degree
High School					
College					
Other					

Work History (list your last two employment positions)

Employer name & address _____

Phone # _____ Work phone # _____

Job Title _____

Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____

Responsibilities _____

Reason for Leaving _____

Employer name & address _____

Phone # _____ Work phone # _____

Job Title _____

Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____

Responsibilities _____

Reason for Leaving _____

Income Section

	YES	NO
Have you received a layoff/termination notice prior to applying?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an eligible unemployment compensation claimant?	<input type="checkbox"/>	<input type="checkbox"/>
Have you exhausted an unemployment compensation claim?	<input type="checkbox"/>	<input type="checkbox"/>

List all person(s) in household currently employed:

Name	Employer & Address	Length of employment	Hours worked/week

Report all earnings counting back from today's date for the last 6 months:

Income Type	Earning Amounts
Gross Wages/Salary	
Alimony/Child Support	
Social Security	
Public Assistance (MFIP or EBT)	
Disability Social Security (SSI)	
Unemployment Compensation	
Workers Compensation	
Other (specify)	
Total:	

List all person(s) dependent upon the above income:

Name	Age	Social Security Number

Total number of adults: _____

Total number of children: _____

Barriers to employment (answer the following questions)

	YES	NO
Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Selective Service Registrant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a displaced homemaker?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a single parent with dependent(s) under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a person with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant and/or parenting teen?	<input type="checkbox"/>	<input type="checkbox"/>
Are you homeless?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a long-term public assistance recipient?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have limited English language proficiency?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have limited math proficiency?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an insignificant work history?	<input type="checkbox"/>	<input type="checkbox"/>
Is substance abuse a factor in obtaining/keeping employment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a crime? (list on next page & include felonies, misdemeanors & gross misdemeanors)	<input type="checkbox"/>	<input type="checkbox"/>

Barriers to employment (cont. from page 2)

List any other factors you feel may be a barrier from you getting and/or keeping a job (personal, financial, legal, etc.) Include any crimes you have been convicted of in this section.

Certification

I certify that the information provided is true to the best of my knowledge. I certify the information I have provided will be used to determine eligibility and is subject to external documented verification and may be released for such purposes. I know I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

Signature

Date

Statement of Grievance Policy

Upon enrollment into the Fond du Lac Reservation WIOA program, if I am involved in a grievance hearing under the Fond du Lac Reservation Personnel Policies Grievance Procedure and I am not satisfied with the final outcome of said hearing, I may appeal to the United States Department of Labor, Division of Indian and Native American Programs.

Signature

Date