

ADULT & DISLOCATED WORKER WORKFORCE INVESTMENT ACT PROGRAM APPLICATION

Service Provider: <input style="width: 150px;" type="text"/>		Office: <input style="width: 150px;" type="text"/>		Case Manager: <input style="width: 150px;" type="text"/>		Date: <input style="width: 100px;" type="text"/>	
Social Security # : <input style="width: 100px;" type="text"/>		Last Name: <input style="width: 150px;" type="text"/>		First Name: <input style="width: 150px;" type="text"/>		MI: <input style="width: 50px;" type="text"/>	
Mailing Address <input style="width: 450px;" type="text"/>				City <input style="width: 100px;" type="text"/>	State <input style="width: 50px;" type="text"/>		Zip Code <input style="width: 100px;" type="text"/>
Residence Address (if different from above) <input style="width: 450px;" type="text"/>				City <input style="width: 100px;" type="text"/>	State <input style="width: 50px;" type="text"/>		Zip Code <input style="width: 100px;" type="text"/>
Phone <input style="width: 100px;" type="text"/>	Alternate Phone <input style="width: 100px;" type="text"/>	Fax <input style="width: 100px;" type="text"/>	Email Address <input style="width: 200px;" type="text"/>		Birthdate <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Permanent Contact: Please provide the following information for an individual who does NOT live with you, but who knows how to contact you if you move. It is important that this person have a telephone.							
Last Name: <input style="width: 150px;" type="text"/>		First Name: <input style="width: 150px;" type="text"/>		Relationship <input style="width: 150px;" type="text"/>		Telephone <input style="width: 150px;" type="text"/>	
Citizen Status (pick only one) <input type="checkbox"/> U.S. Citizen Or <input type="checkbox"/> Right to Work (if Right to Work) Alien Reg. #: <input style="width: 100px;" type="text"/> Expires: <input style="width: 100px;" type="text"/> Or <input type="checkbox"/> Permanent Yes			Individual with a Disability <input style="width: 150px;" type="text"/> Migrant Seasonal Farmworker? <input type="radio"/> No <input type="radio"/> Yes IF YES Class <input style="width: 150px;" type="text"/> Empl. in Farmwork <input style="width: 150px;" type="text"/> Farmwork Threshold <input style="width: 150px;" type="text"/> Farmwork Type <input style="width: 150px;" type="text"/>			Desired O*Net Job Title <input style="width: 200px;" type="text"/> Experience Years <input style="width: 50px;" type="text"/> Months <input style="width: 50px;" type="text"/> Job Title <input style="width: 200px;" type="text"/> Experience Years <input style="width: 50px;" type="text"/> Months <input style="width: 50px;" type="text"/> Job Title <input style="width: 200px;" type="text"/> Experience Years <input style="width: 50px;" type="text"/> Months <input style="width: 50px;" type="text"/>	
Ethnicity Hispanic/Latino <input style="width: 100px;" type="text"/>			Eligible Veteran's Status Service Veteran <input type="checkbox"/> IF CHECKED <input type="radio"/> Active Service From <input style="width: 50px;" type="text"/> Thru <input style="width: 50px;" type="text"/> Service Disability <input style="width: 150px;" type="text"/>			Maximum Zip Radius Within <input style="width: 50px;" type="text"/> of Zip <input style="width: 50px;" type="text"/> Within <input style="width: 50px;" type="text"/> of Zip <input style="width: 50px;" type="text"/> Within <input style="width: 50px;" type="text"/> of Zip <input style="width: 50px;" type="text"/>	
Race (select all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White			Selective Service? <input style="width: 100px;" type="text"/> Federal Law requires all males, 18 or older, born after 12/31/59 to register for Selective Service. (females and older males use exempt)			Additional Skills Text <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Education Level <input style="width: 250px;" type="text"/> (Indicate Highest Grade Completed)			Employment Objective <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
School Status <input style="width: 250px;" type="text"/>							
Employment Status <input style="width: 250px;" type="text"/>							
Contact Preferences (select all that apply) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Alt Phone <input type="checkbox"/> Email							

Complete for individuals who may qualify for Dislocated Worker services:

Have you received Rapid Response services for dislocated workers? Date:

From the categories listed below, please indicate which item best describes your situation:

Terminated From Employment: (Category 1 DW)

You have been terminated or laid off or received a notice of termination or layoff from employment AND are eligible for unemployment compensation or have exhausted entitlement to unemployment compensation; OR

have been employed for a duration long enough to demonstrate to the appropriate entity at the One-Stop Center a connection to the workforce but are not eligible for unemployment insurance benefits because your earnings were not high enough or your job was not covered under a State unemployment compensation law; AND you are unlikely to return to a job in your previous industry or occupation.

Terminated Due To Plant Closure: (Category 2 DW)

You've been terminated or laid off or you received a notice of termination or layoff from employment as a result of any permanent closure or substantial layoff at a plant, facility, or enterprise, or your employer announced that the facility where you work would close within 180 days. Date of Dislocation:

Self-Employed/General Economic Condition: (Category 3 DW)

You were self-employed (including farmers, ranchers, and fishermen) and are now unemployed as a result of general economic conditions in the community where you reside, or are now unemployed because of natural disasters.

Displaced Homemaker: (Category 4 DW)

You have been providing unpaid services to family members in the home and have been dependent on the income of another family member but are no longer supported by that income, AND are presently unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment.

Indicate Last or Current Employer (Work History Tab):

Job Title: Employer:
Address: City: State: Country:
Hourly Wage: \$ Hours per Week: Dates (MM//YYYY) Start Date: End Date:
Reason For Leaving: Job Duties:

Other Employer:

Job Title: Employer:
Address: City: State: Country:
Hourly Wage: \$ Hours per Week: Dates (MM//YYYY) Start Date: End Date:
Reason For Leaving: Job Duties:

I certify to the best of my knowledge the information in this application is accurate and true.
I understand that there is an applicant grievance procedure by which I can appeal decisions made with regard to this application.
I have received a copy of the applicant grievance procedure.

Applicant Signature

Date: ____ / ____ / ____

Case Manager Signature

Date: ____ / ____ / ____

NJCOS USE

Date received:
____ / ____ / ____

Date input: ____ / ____ / ____

Input by: _____

Reviewed by:

The information on this application has to be recertified if 45 days or more have lapsed and applicant has not received services.

I certify none of the information has changed.

Applicant Signature

Date: ____ / ____ / ____

Case Manager Signature

Date: ____ / ____ / ____