



Application – Adult & Dislocated Worker Programs Workforce Innovation and Opportunity Act (WIOA)

FORM WIOA I-B – 1.1

For Adult and Dislocated Worker Programs

If you are age 18 or older and need help in obtaining employment that will lead to adequate wages so that you can support yourself and/or your family, we may be able to help you. If you qualify, we offer many career and training services and assistance that can help you obtain your employment goals. If you are interested in determining eligibility and services available, we invite you to complete the attached information and return it to:



1109 South 16th Street
Fort Smith, AR 72901

Email applications to wioa@wapdd.org

Staff use only:

Is eligible for WIOA Title I-B

You may also call for an appointment at: **(479) 785-2651** Yes _____ No _____

If you are 24 years old or younger, you may also qualify for the Youth 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, 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.)

If you have received a lay-off notice, bring it

If you are attending college, bring a transcript and a degree plan

If you have been accepted into a college program (such as nursing), bring your acceptance letter

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), and being homeless. 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.

EMPLOYMENT INFORMATION

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.
☐ Full-time ☐ Part-time (PT is less than 30 hours/week 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)

Are you a migrant or seasonal farm worker? ☐ Yes ☐ No

Do you currently receive Unemployment Benefits? ☐ Yes ☐ No

Have you received Unemployment Benefits in the past? ☐ Yes ☐ No

Have you recently been laid off or given notice that you will be laid off? ☐ Yes ☐ No

If so, where?

Lay off date (mm/dd/yyyy) _____

Do you own a business that recently closed because of a disaster or local economic reasons? ☐ Yes ☐ No

If so, name of business: _____

Closure date (mm/dd/yyyy) _____

Why did it close? _____

Are you a displaced homemaker (a person who has been providing unpaid services to family members in the home and has been dependent on the income of a family member, but is no longer supported by that income and is unemployed or underemployed and is experiencing difficulty obtaining or upgrading employment)?

☐ Yes ☐ No

If Yes, give details: _____

Are you (or were you) the dependent spouse of a member of armed forces on active duty, and the family income is significantly changed because of a deployment, a call or order to active duty, a permanent change of state, or the service-connected death or disability of the member?

☐ Yes ☐ No

If yes, give details: _____

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

Employer Name _____ Start: _____ End: _____

Address: _____ City: _____ State: _____

Job Title _____ # hours per week: _____ Hourly wage: _____

Reason for leaving: ☐ Quit ☐ Laid off ☐ Moved from area ☐ Fired ☐ Other: _____

Employer Name _____ Start: _____ End: _____

Address: _____ City: _____ State: _____

Job Title _____ # hours per week: _____ Hourly wage: _____

Reason for leaving: ☐ Quit ☐ Laid off ☐ Moved from area ☐ Fired ☐ Other: _____

Employer Name _____ Start: _____ End: _____

Address: _____ City: _____ State: _____

Job Title _____ # hours per week: _____ Hourly wage: _____

Reason for leaving: ☐ Quit ☐ Laid off ☐ Moved from area ☐ Fired ☐ Other: _____

Employer Name _____ Start: _____ End: _____

Address: _____ City: _____ State: _____

Job Title _____ # hours per week: _____ Hourly wage: _____

Reason for leaving: ☐ Quit ☐ Laid off ☐ Moved from area ☐ Fired ☐ Other: _____

EDUCATION

Do you have a high school diploma or GED? ☐ Yes ☐ No 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 and unfinished certificate? ☐ Yes ☐ No

If so, where? _____

Why did you stop? _____

Are you currently enrolled in postsecondary education (college, technical school, etc.)? ☐ Yes ☐ No

If yes, where? _____ What is your major? _____

Certification of Truth of Application, Release of Information, Acknowledgment, & Consent

I authorize The Western Arkansas Planning and Development District, (WAPDD) the local provider of 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