



**Region III Workforce Development Board of Kanawha County
WIOA Applicant
Required Documentation List**

As part of the application process for the Workforce Innovation and Opportunity Act (“WIOA”), the following documentation must be submitted to a Career Planner for review. If you have any questions or concerns, please contact a Career Planner: CareerPlanners@region3wibkc.org

Citizenship (choose one):

Birth Certificate, Passport, DD-214, Alien Registration Card, Immigration/Naturalization Paper

Residence (choose one):

Driver’s License or State ID card, Utility Bill, Pay Stub, Public Assistance Records, Rental Agreement or Receipt (showing address)

Social Security Number (choose one):

Social Security Card, DD-214, Military ID, other Federal or State ID showing SSN

Photo Identification (choose one):

Driver’s License or State/Federal ID Card

Selective Service Registration:

Selective Service Registration Card or Internet Verification (To verify your status, visit: www.sss.gov)

Veteran Status:

DD-214 (You may request a copy here: www.archives.gov/veterans)

Number of Family Members in Household:

Public Assistance Records showing household family members, Birth Certificates, OR Social Security Cards

Income (last 6 months) – for the Applicant and EACH Family Member in the Household:

Public Assistance Records, Social Security Benefits (including Disability, Retirement), Workers’ Compensation, Veteran’s Benefits, Child Support, Unemployment Insurance, any other sources of income

IF YOU HAVE BEEN LAID OFF, please provide the following:

Layoff Notice or Closure Notice

Region III Workforce Development Board of Kanawha County
Workforce Innovation and Opportunity Act ("WIOA")
Participant Application



Personal Information:

First Name: _____ M.I. _____ Last Name: _____

Social Security Number: _____ Birthdate: _____

Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

Cell Phone: _____ Home Phone: _____

Email: _____

Preferred Method of Contact (please check all that apply):

Mail Phone Email Other: _____

Do you have a disability that results in a substantial barrier to employment?

Yes No Prefer not to Answer

Are you a client of Vocational Rehabilitation Services?

Yes No Prefer not to Answer

Citizenship:

Are you a U.S. Citizen? Yes No If not, are you authorized to work in the U.S.? Yes No

Are you registered for Selective Service? (Only men born after 12/31/59) Yes No

Selective Service Number: _____

Education:

Are you currently attending school/training? Yes No If yes, please list the school and the course/program you are attending:

School: _____ Program: _____

Highest Grade Completed:

Some High School High School Graduate/GED/TASC Some College College Degree Vocational Certificate/Occupational Certificate/Occupational License

Degree/Certificate/License: _____

Are you in default on any student loans? Yes No

Do you receive: Pell Grant WV Invests Grant Promise Scholarship

A proud partner of the americanjobcenter® network

Auxiliary aids and services are available upon request to individuals with disabilities.
An Equal Opportunity Program/Employer

Employment Information:

Are you currently employed? Yes No If yes, Average Hours per Week: _____

Most Recent/Current Employer: _____

Job Title: _____ Hourly Wage/Salary: \$ _____

Start Date: _____ Last Date of Work: _____

Reason for Leaving: Layoff Termination Quit Other: _____

What is the likelihood you will be called back to your previous occupation/industry? Poor Good

If not employed, are you actively seeking employment? Yes No

Please check any of the following criteria if they apply to you:

- Have not held a full-time job (30+ hours per week) for more than 13 consecutive weeks
- Have been fired from a job within the past 12 months
- Have had 3 or more jobs in the past 12 months
- On parole/probation or have been released from jail/prison within the past 12 months
- Have been unemployed for the past 13 weeks
- Have been unemployed for 15 of the past 26 weeks

If you have been laid off from your employer, please complete the following information:

Employer Name: _____ Date of Dislocation: _____

Dislocation was a result of (check one):

- Actual Layoff Notice of Layoff/Closure Termination Actual Closure Self-Employed

Are you a union member? Yes No

Have you filed for, or exhausted, unemployment benefits? Yes No

Are you a **Displaced Homemaker** (definition below)? Yes No

Definition of Displaced Homemaker:

An Individual who has been providing unpaid services to family members in the home, and who:

- Has been dependent on the income of another family member but is no longer supported by that income **AND**
- Is unemployed or underemployed and is expecting difficulty in obtaining or upgrading employment.

CAREER PLANNER USE ONLY:

At time of dislocation: NAICS Code: _____ O'Net Code: _____

Number in Household/Income:

Are you claimed as a dependent on someone else’s income tax? Yes No

Are you a single parent? Yes No Number of family members in your household (including yourself): _____

Please state the total monthly household income (before taxes) for the past 6 months: \$ _____

CAREER PLANNER USE ONLY (Income inclusions are to be shown on Income Determination Form):

Past 6 Months Income: \$ _____ x 2 = \$ _____ Annual Income

Military History

Are you a military veteran? Yes No If yes, please provide a copy of your **DD-214**.

Start Date of Active Duty: _____ End Date of Active Duty: _____

Did you serve more than 180 days on active duty? (Not including National Guard or Reserve training time.) Yes No

Do you have a service-related disability? Yes No If yes, what is your rating? _____ %

If less than 30%, has the Department of Veteran’s Affairs determined that your service-connected disability results in a serious employment handicap? Yes No

Disability discharge/release? Yes No

Are you a Vietnam Era veteran? Yes No Are you a recently separated veteran? Yes No

Are you the **spouse** of: Yes No

- Any person killed in action or who died on active duty of a service-connected disability?
- Any person who died of a service-connected disability?
- Any member of the Armed Forces serving on active duty at the same time of application that meets one or more of the following, and has been so for a total of 90 days:
 - Missing in action
 - Captured in the line of duty by hostile forces
 - Forcibly detained/interned in the line of duty by a foreign government or power
 - Any person who has total disability (permanent) resulting from a service-connected disability or of a veteran who died while a disability so evaluated existed

Barriers to Education or Employment: (please check all that may apply to you)

Incumbent Worker Long-term welfare dependency Ex-Offender Single Parent Low Income

English Language Learner Basic Skills Deficient Disability Public Assistance Participant Homeless

Secondary School Dropout Substance Use Disorder/Recovery Impacted by Substance Use Disorder or Incarceration of a Family Member

By signing, I attest that the information supplied on this application is true and accurate to the best of my knowledge.

Applicant Signature

Date

INFORMATION VALUES AND PRIVACY POLICY STATEMENT

Our Consumer Information Values and Privacy Policy are provided to help you understand how we protect your personal information. This policy provides you with an opportunity to make informed choices about the management of personal information. Also, there are several convenient ways to obtain more information, including answers to commonly asked questions about privacy. You may call toll-free at 1-877-967-5498 with any further questions or concerns.

VALUES

Information security is a priority.

One of our highest priorities is information security. We regularly review our security standards and practices to protect against unauthorized access to information.

POLICY

How we keep information secure.

Information security is one of our highest priorities. This priority is emphasized by our internal employee Code of Conduct, this Privacy Policy, and the contracts and agreements that we sign with external supplier and partners. Employees who violate or policies and procedures regarding privacy are subject to disciplinary action, and or partners and suppliers are bound to uphold our procedures regarding privacy under the terms of our legal contracts with them. We safeguard information by regularly assessing security standards and procedures to protect against unauthorized access to personal information. We limit access to personal information about you to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your personal information.

WORKFORCE WV PRIVACY/DISCLAIMER STATEMENT

By enrolling with WORKFORCE West Virginia, you agree that the American Job Center (AJC) Partners can see and use the information contained within your application in order to better provide assistance to you in determining eligibility for assistance in obtaining employment, training for employment, or other services. Personal information such as social security number, race, ethnicity, sex, and disability status is being required for federal record keeping and reporting requirements only and is kept confidential. For your convenience, our Privacy Policy is provided below.

I have read the above statement and agree, indicating so below with my signature, that the Workforce West Virginia Partners can see and use the information in this application in order to provide assistance to me. In the event I disagree, I will not sign, and notify the individual with whom I am conducting my business.

Applicant Signature

Date: (only needed on mobile devices)