

UNITED SIOUX TRIBES Of SOUTH DAKOTA

Workforce Innovation Opportunity Act (W.I.O.A.) Application

SECTION 1. PERSONAL INFORMATION

| | | | | | | | |
|--|--|---|--|---|--|---------------------------|--|
| 1. Name (Last, First, Middle) | | 2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | 3. Date of Birth | | 4. Social Security Number | |
| 5. Current Address (a) Number & Address | | (b) City | | (c) State | | (d) Zip Code | |
| | | | | | | (e) County | |
| | | | | | | (f) Telephone Number | |
| 6. Citizenship Status (I-9 must be completed) (a) <input type="checkbox"/> U.S. Citizen (b) <input type="checkbox"/> Other (specify) _____ | | | | 7. Ethnic Status <input type="checkbox"/> American Indian, Alaskan/Hawaiian Native <input type="checkbox"/> Enrolled (List Tribe) _____ <input type="checkbox"/> Nonenrolled | | | |
| 8. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married | | | | | | | |

SECTION 2. PRIOR WIA PARTICIPATION

| | | | | | |
|---|--|----------|-----------|----------------------|---------------------|
| 9. Have you ever participated in WIOA (WIA) before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete columns (a) through (e) | | | | | |
| (a) Sponsoring Organization | | (b) City | (c) State | (d) Program Activity | (e) Dates (from-to) |
| | | | | | |
| 10. Is any member of your immediate family employed in a UST/WIA (JTPA) program in an administrative capacity or presently a WIOA (WIA) trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

SECTION 3. TRAINING OBJECTIVES

| | |
|---|--|
| 11. Are you currently on a Civil Service roster? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give rating: _____ | |
| 12. Do you belong to a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____ | |
| 13. Type of training desired: _____ Second Choice: _____ | |
| 14. Describe any skills or certification you possess which apply to training desired: Office machines: _____ Typing _____ nwpm Shorthand _____ nwpm | |

SECTION 4. EDUCATION

| | | | | |
|--|--------------------|-------------|------------------------------|---|
| 15. School attended. Complete columns (b) through (e) for schools attended. | | | | |
| (a) Type of School | (b) Name of School | (c) Address | (d) Dates Attended (from-to) | (e) Degree, Diploma, License or Certification |
| General High School | | | | |
| Technical or Vocational School | | | | |
| College | | | | |
| 16. Are you currently enrolled in school full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 17. Highest Grade Completed | 18. If you dropped out of school and are 21 or under, state reason. |
| 19. Are you scheduled to return the next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

SECTION 5. FAMILY DATA

20. Are you or a member of your family receiving public assistance? Yes No SSI Yes No

If yes, types of assistance: _____

21. Number in Family (Include Self): _____ 22. Number of dependants (Other than self): _____

23. FAMILY INCOME List self and all family members living in applicant's household.

| (a) Family Member | (b) Age | (c) Relationship | (d) Source of Income | (e) Income in past six (6) months |
|--|---------|------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 24. If family income totals 0, explain | | | FOR OFFICE USE ONLY | TOTAL |
| | | | | TOTAL ANNUALIZED |

SECTION 6. OTHER CHARACTERISTICS

25. Is your native language other than English? Yes No

If yes, do you have limited ability to speak English? Yes No

26. Are you a migrant or seasonal farm family member? Yes No

27. Do you live on a farm? Yes No (A farm is defined as any place which has annual sales of agricultural products of \$1,000.00 or more.)

28. Transportation? Yes No

29. VETERAN STATUS

(a) Veteran? Yes No If yes, list what branch: _____

Dates of active service: _____

(b) Type of discharge: _____

30. Do you have a handicap constituting a significant barrier to employment? Yes No

31. Were you ever arrested for other than minor traffic citations? Yes No

Specify: _____

32. Are you residing in a prison, hospital, or other institution or facility providing 24-hour support?

Yes No If yes, specify: _____

SECTION 7. WORK HISTORY

| | | | |
|---|-----------------|---|---------------------------|
| 33. Are you currently working part-time (less than 40 hours per week?) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 34. If you are working part-time are you seeking full-time employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 35. Have you been unemployed for the last 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, last date worked: _____ / _____ / _____ | |
| 36. Are you receiving unemployment compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, have you filed for it and been declared eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 37. Describe two most recent jobs held. | | | |
| (a) Start Date | (b) End Date | (c) Job Title | (d) Description of duties |
| (e) Name of Employer | | (f) Address (number & street) | (g) City (h) State |
| (i) Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | (j) Hourly wage | (k) Hours per week | (l) Reason for leaving |
| 2. (a) Start Date | (b) End Date | (c) Job Title | (d) Description of duties |
| (e) Name of Employer | | (f) Address (number & street) | (g) City (h) State |
| (i) Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | (j) Hourly wage | (k) Hours per week | (l) Reason for leaving |

SECTION 8. SELECTIVE SERVICE STATUS

| | |
|--|--|
| 38. Have you registered as required by Section 3 of the Military Selective Service Act? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 39. Date and place registered: _____ | |
| (OFFICE USE ONLY) Selective Service Number and place called for verification: 1-847-688-6888 Results: _____ | |

SECTION 9. PERSONAL REFERENCES

| 39. Name and Occupation | Address | Phone Number |
|-------------------------|---------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide statements to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud, and perjury. I allow release of this information for verification to determine eligibility.

| | | | | | |
|---------------------------------|--|----------|-------------------------------------|--------------|----------|
| 40. Signature of applicant | | 41. Date | 42. Signature of parent or guardian | | 43. Date |
| 44. Signature of Intake Officer | | | 45. Title | 46. Location | 47. Date |
| UPDATE | | | | | |
| 48. Signature of applicant | | 49. Date | 50. Signature of parent or guardian | | 51. Date |
| 52. Signature of Intake Officer | | | 53. Title | 54. Location | 55. Date |

* ATTENTION *

Your application for W.I.A. participation **will not** be processed if you **fail** to bring **Verification** of the following documents:

- Tribal Enrollment Verification
- Income Verification (TANF, GA, SSI, SALARY, etc.)
- Social Security Card
- Picture I.D. (Drivers License, Tribal Enrollment Card, State I.D., etc.)
- You must be registered with South Dakota Career Center/Job Service
- Proof of Residence (Rent receipt, Utility bill/receipt, etc.)
- Selective Service Verification (All males born after December 31, 1959 **must be** registered to participate in W.I.O.A.)

TO WHOM IT MAY CONCERN:

I Support the United Sioux Tribes of South Dakota Development Corporations Workforce Investment Act Program in their effort to assist the Native American people in the urban areas. The Workforce Investment Act Program has established a goal of assisting Native American people in achieving a job substance, training for long term employment and in classroom education in the urban community.

Respectfully: _____

Address: _____

Date: _____