



## WIOA TITLE I APPLICATION

America's Job Center of California (AJCC):    Hemet    Indio    Riverside    Moreno Valley

**ANSWER ALL QUESTIONS – PLEASE PRINT LEGIBLY – INFORMATION IS CONFIDENTIAL AND MAY BE USED TO REFER THE APPLICANT TO ADDITIONAL SERVICES AND OPPORTUNITES**

Name: \_\_\_\_\_

Gender:  M    F

Birthdate: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
(City, State, Zip Code)

Phone: \_\_\_\_\_  Cell    Home   **Alternate Contact** (Name & Number): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (If different than residence) (City, State, Zip Code)

Email Address (Required): \_\_\_\_\_

**Registered for Selective Service** (male born after 12/31/59):  Yes    No    Documented Exemption    N/A

**Right to Work:**  Citizen of US/US Territory    US Permanent Resident    Alien/Refugee Lawfully Admitted to US

**Race (Ethnicity):**    African American/Black    White    American Indian/Alaskan Native  
 Asian (specify) \_\_\_\_\_    Hawaiian/Other Pacific Islander (specify) \_\_\_\_\_

**Hispanic/Latino Heritage:**  Yes    No    I choose not to answer

**If you served in the U.S. Military, or are the Spouse, or Dependent of a Veteran, see page 3**

**Employment Status:**    Never Employed    Not Employed    Employed    Employed, but received Notice of Termination   **If Employed, are you under-employed?**  Yes    No

**Are you receiving unemployment insurance benefits?**  Yes – Claimant/Receiving    Yes – Exhausted Benefits    Yes, referred by EDD Worker Profiling and Reemployment Services (WPRS)    No

**Number of Weeks unemployed:** \_\_\_\_\_   **Are you currently looking for work?**  Yes    No

**What type of work?** \_\_\_\_\_

**Do you have any related licenses or certifications from a job?**  Yes    No

**Within last 12 months have you received a notice of termination or layoff from your job?**  Yes    No

**Have you worked as a farm worker/food processor at packing houses/nurseries/orchards, for at least 25 days within the past 12 months?**  Yes    No   **If Yes:**  Farmworker    Migrant    Migrant Farmworker

**Type of Qualifying Farm Work:**  Agricultural Production and Services    Food Processing Establishments

**LIST YOUR LAST 2 JOBS, STARTING WITH THE LAST JOB YOU HELD. THIS INCLUDES CURRENT JOB IF STILL EMPLOYED AND SELF-EMPLOYMENT.**

1. Company Name:	Address:	City, State, Zip:
Job Title:	Date Started:	Hourly Wage:
Reason for Leaving:	Date Left:	Hours per Week:
2. Company Name:	Address:	City, State, Zip:
Job Title:	Date Started:	Hourly Wage:
Reason for Leaving:	Date Left:	Hours per Week:

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**Educational Status – Check applicable box:** Highest Grade Completed: \_\_\_\_\_

- H.S. Dropout   
  H.S. Diploma   
  H.S. Equivalency/GED   
  1 Year of College/Technical/Vocational  
 2 Years College/Technical/Vocational   
  3 Years of College/Technical/Vocational   
  4 Year Degree

**Are you attending school?**   
  Yes, attending Adult Ed.   
  Yes, attending Alternative Ed.  
 Yes, attending college/technical/vocational  
 No

**Individual Barriers – Please check ALL that apply:**   
  Homeless   
  English Language Learner  
 H.S. Dropout   
 Basic Skills Deficient   
 Gang Involved   
 Single Parent   
 Substantial Cultural Barriers

**If you have a Disability, Substance Abuse, or are an Offender (justice involved), see page 4**

**Have you or your family received Public Assistance in last 6 months?**   
 Yes   
 No   
**If Yes:**  
 Temporary Assistance for Needy Families (TANF)   
 CalFresh/Supplemental Nutrition Assistance Program (SNAP)   
 General Assistance   
 Refugee Cash Assistance   
 **Other Types of Assistance, see page 4**

**Family Size:** Total number of family members living with you in the home (include yourself) \_\_\_\_\_

**Family Income:** List each member (including dependents) and earnings/source of income for the last 6 months. *Do not include public assistance payments, disability benefits, veteran benefits or veteran's active duty income, and capital gains.*

Name	Relation	Age	Total Income Last 6 months	Source of Income
	<b>Applicant</b>			

**Notice of Certification:** I CERTIFY the information stated in this application is correct to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. If I am found ineligible after enrollment because I intentionally supplied inaccurate or misleading information, I am subject to immediate termination from the program and may result in action to recover any monies paid on my behalf while participating. I have also been advised that this information will be kept in a secure managed information system and may be shared with the necessary America's Job Center of California (AJCC) partners for the provision of comprehensive workforce development services.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This WIOA Title I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Please call 951.955.3100, 951.955.3744 TTY, CA Relay 711, or [adacoordinator@rivco.org](mailto:adacoordinator@rivco.org) 5 to 7 days in advance.

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**MILITARY SERVICE:** Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

- **Are you currently in the military, a veteran or the spouse of a veteran?**  Yes  No
- **Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated?**  Yes  No
- **Are you a current member of the California National Guard?**  Yes  No
- **Transitioning Service Member?**  Yes  No
- **If Yes, Type of Transitioning Service Member:**  Within 12 months of discharge  Within 24 months of retirement
- **Estimated Discharge Date:** \_\_\_\_\_
- **Eligible Veteran Status:**  Yes <=180 days  Yes, Eligible Veteran  Yes, Other Eligible Person  
 No
- **Served more than 1 tour of duty?**  Yes  No  
**Service Entry Date:** \_\_\_\_\_  
**Service Discharge Date:** \_\_\_\_\_
- **Campaign Veteran?**  Yes  No
- **Recently separated veteran (within the last 48 months)?**  Yes  No
- **Attended a Transition Assistance Program (TAP) workshop within the last 3 years?**  
 Yes  No

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## **ADDITIONAL INDIVIDUAL BARRIERS**

Check the appropriate box:

- Learning Disability
- Physical Impairment
- Mental Impairment
- Both Physical & Mental Impairment
- Substance Abuse
  
- Special Disabled Veteran (greater than 30%)
  
- Offender (criminal convictions)
  
- I choose not to answer

## **DISABILITY INCOME**

Have you or your family received Supplemental Security Income (SSI) in last 6 months?

- Yes  No

Have you or your family received Social Security Disability Insurance (SSDI) payments in last 6 months?

- Yes  No

Have you or your family received California State Disability Insurance (SDI) payments in last 6 months?

- Yes  No

***This information is voluntary and confidential. It will only be used in connection with record keeping and nondiscrimination requirements under Equal Employment Opportunity Law.***

**FOR STAFF ONLY:** The information on this page (including any documentation used as verification) is considered personal & confidential and must be uploaded to the *Confidential File* in SharePoint.