

WESTERN ARKANSAS EMPLOYMENT DEVELOPMENT AGENCY, INC.
(An Equal Opportunity Employer)

1500 EAST MAIN STREET • P.O. Box 1266
VAN BUREN, AR 72957
(479) 474-7061 Fax: (479) 471-0827

TDD 1-800-285-1131
(HEARING IMPAIRED)

APPLICATION IS ONLY GOOD FOR 45 DAYS.

**IN ORDER TO VERIFY ELIGIBILITY, PLEASE CHECK THE LIST BELOW.
YOU MUST BRING PROOF OF ALL ITEMS THAT YOUR HOUSEHOLD RECEIVES:**

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) [Formerly food stamp program] | <input type="checkbox"/> Military Pay |
| <input type="checkbox"/> Transitional Employment Assistance (TEA) | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Wages or Salary: Gross earnings for ALL family members who have been employed during the <u>Past 26 weeks</u> . Paycheck stubs or a statement from employer(s). | <input type="checkbox"/> Workman's Compensation |
| | <input type="checkbox"/> Retirement |

OR

- Monetary Benefit Statement – Unemployment and Layoff Notice

YOU MUST ALSO BRING PROOF OF THE FOLLOWING DOCUMENTS :

- ❖ Birth Certificate
- ❖ Driver's License or ID Card
- ❖ Social Security Card
- ❖ Current Address
- ❖ Family Size Verification Form (pg. 6)
- ❖ Selective Service Registration (males born after 1960)
- ❖ School Documents listed on pg. 5 (college only)

Additional documents needed for youth:

- ❖ Latest school transcript
- ❖ Shot record (if no license or ID is available)

Other _____

IMPORTANT: for prompt service, please call before coming in

Your next scheduled appointment: _____ at _____

With _____
(Case Manager)

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE
MONDAY THROUGH THURSDAY 8:00 A.M. – 5:00 P.M

WORKFORCE CENTER REGISTRATION

(This information will be treated as confidential and used only by staff providing services.)

1. SOCIAL SECURITY NUMBER:		2. DATE:	
3. FIRST NAME:	MIDDLE NAME:	LAST NAME:	
4. STREET ADDRESS:		P.O. BOX	
CITY:	COUNTY:	<input type="checkbox"/> URBAN <input type="checkbox"/> RURAL	STATE: ZIP:
5. TELEPHONE NUMBER:	ALTERNATE TELEPHONE NUMBER:	FAX NUMBER:	
6. E-MAIL ADDRESS:		7. DATE OF BIRTH:	8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you a single, separated, divorced or widowed individual with primary responsibility for one or more dependents under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Number in family (counting self)
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: Check all that apply <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native		Education status: <input type="checkbox"/> In-school, high school or less, include ABE/ GED <input type="checkbox"/> In-school, alternative school <input type="checkbox"/> In-school, post-high school <input type="checkbox"/> Not attending school or high school dropout <input type="checkbox"/> Not attending school; high school graduate Highest Grade Completed: (_____)	
Have you served on active duty with the U.S. Armed Forces? <input type="checkbox"/> Yes, 180 days or less <input type="checkbox"/> Yes, more than 180 days <input type="checkbox"/> No If Yes, answer <u>VETERAN</u> questions, on Next page.			

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Employed, but with notice of termination or military separation Number of weeks not employed during the last 26 weeks: _____	Select your interstate worker status: <input type="checkbox"/> Live in another state but looking for work in AR <input type="checkbox"/> Live in AR but looking for work in another state <input type="checkbox"/> Live in AR and looking for work in AR <input type="checkbox"/> Live in AR and looking for work in AR and other states <input type="checkbox"/> Live in another state and looking for work in another state	State Unemployment Insurance <input type="checkbox"/> State claimant <input type="checkbox"/> Federal or military claimant <input type="checkbox"/> Extended benefits claimant <input type="checkbox"/> TRA claimant <input type="checkbox"/> Exhausted UI benefits <input type="checkbox"/> Not a claimant
Are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-citizen not eligible to work in U.S. <input type="checkbox"/> Non-Citizen eligible to work in U.S. Alien Cert Number: INS Form Number:	Do you have a valid AR driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Endorsement _____

Work History: Enter your last job first

Company Name:	Supervisor or Contact Person & Phone Number:
Company City: State:	JOB TITLE:
From (mo/day/yr): To (mo/day/yr):	Description and duties of the job:
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other:	Hours/week: Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other:
Company Name:	Supervisor or Contact Person & Phone Number:
Company City: State:	JOB TITLE:
From (mo/day/yr): To (mo/day/yr):	Description and duties of the job:
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other:	Hours/week: Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other:
Company Name:	Supervisor or Contact Person & Phone Number:
Company City: State:	JOB TITLE:
From (mo/day/yr): To (mo/day/yr):	Description and duties of the job:
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other:	Hours/week: Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other:

<i>I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.</i>	APPLICANT SIGNATURE:	DATE:
	PARENT/GUARDIAN SIGNATURE:	DATE:

NAME: _____

If you answered that you are a VETERAN, please answer the questions in this section

Select your branch of service: <input type="checkbox"/> US Air Force <input type="checkbox"/> US Army <input type="checkbox"/> US Coast Guard <input type="checkbox"/> US Marine <input type="checkbox"/> US Navy	Active duty start date: _____	Active duty end date: _____
	Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Other <input type="checkbox"/> Dishonorable	
	Are you a participant in the Transition Assistance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you within 12 months of discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you within 24 months of retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran Type: <input type="checkbox"/> Veteran <input type="checkbox"/> Campaign		
Are you entitled to compensation for a disability incurred while on active military duty?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you discharged or released from active military duty because of a disability incurred while on active military duty?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received a rating for a disability incurred while on active military duty that is not entitled to compensation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you entitled for compensation for a disability incurred while on active military duty and disability is rated at 30% or more?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your disability been rated at less than 30%, and has the Department of Veterans Affairs classified you as a "Special Disabled Veteran" because the disability you incurred while on active military duty is considered a serious barrier to employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your current disability rating from the Department of Veteran Affairs? _____%		

Was your spouse in the military? Yes - answer the questions below in this section No - skip this section

Are you the spouse of any person who died on active military duty or military service connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of any member of the Armed Forces service who, at this time, has been in any one or more of the following categories for more than 90 days? <input type="checkbox"/> Missing in action <input type="checkbox"/> Forcibly detained or interned by a foreign government or power <input type="checkbox"/> Captured in the line of duty <input type="checkbox"/> No	
Are you the spouse of a person who has a total disability permanent in nature resulting from a military service-connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability? ...	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a seasonal farm worker or migrant farm worker? Yes No **If Yes, please answer the following questions:**

Did you work at least 25 days in seasonal agricultural jobs during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you earn at least \$800 in any seasonal, agricultural jobs during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work in a food processing plant on a seasonal and migrant basis during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was more than one-half of your past year's income earned by working in agriculture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was more than one-half of your past year's total work time in agricultural work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you work for more than one agricultural employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered NOT EMPLOYED or you have been laid off or you have received notice that you will be laid off, please answer the following questions

Please select the ONE that best describes your situation:

Have you been laid off or received a notice of layoff from your employer as a result of a reduction in the employer's workforce?

Have you been laid off or received a notice of layoff from your employer as a result of a permanent closing or major layoff?

Are you employed by an employer who has made a general announcement that the business will close within 180 days?

Are you employed by an employer who has made a general announcement that the business will close without naming a specific date?

Were you self-employed and are now unemployed due to general economic conditions or natural disaster in your community?

Are you a displaced homemaker? A displaced homemaker is an individual who was dependent on support from a family member whose support is no longer available, is unemployed or underemployed, and is having difficulty finding a job or finding a good job.

Are you unemployed as a result of military closures or realignments?

Are you unemployed due to multiple layoffs in a single local community significantly increasing the total number of unemployed workers?

Are you unemployed due to emergencies or natural disasters which have been declared eligible for public assistance by the Federal Emergency Management Agency (FEMA)?

None of the above

<p>25. If you were terminated or laid off (dislocated) from your last job, or if you are unemployed due to a natural disaster, please answer the questions in this section.</p> <p>Please enter your termination or layoff date _____</p> <p>From what industry were you dislocated? _____</p> <p>What was your occupation (job) at the time of your dislocation? _____</p> <p>Number of months at employer of dislocation: _____</p> <p>Hourly wage at dislocation (\$0.00): _____</p>	<p>26. If you were terminated or laid off (dislocated) from your last job, please answer the questions in this section.</p> <p>Are you likely to return to your previous occupation or industry? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you received information that you are eligible for unemployment Benefits or that you have exhausted your unemployment benefits? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you received information that you are not eligible for unemployment benefits due to a lack of sufficient earnings or that you performed services for an employer not covered by unemployment insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Authorization to Obtain Information

In the course of providing employment assistance, other agencies/organizations may require access to your personal information. Please review and mark all that apply:

I authorize the Arkansas Workforce Centers to release and/or provide on a need-to-know basis, to one or more of the agencies listed below, that information which is reasonably necessary to accomplish the goals and objectives of my employment and training plan or self-sufficiency plan, unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the information is confidential and will be used only for the purposes stated on this form. I understand that those individuals that receive this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will serve as a valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I HEREBY authorize release of the following information to the Arkansas Workforce Centers, unless the release or provision of such information is otherwise prohibited by law or regulation:

- The Workforce Investment Act service provider may provide information regarding my participation in adult, youth or dislocated worker programs.
- The Department of Human Services may provide information regarding my participation in Transitional Employment Assistance (TEA) programs.
- The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.
- The Employment Security Department may provide information related to unemployment insurance benefit information and my participation in Workforce Investment Act employment and training programs.
- The Department of Education and local school districts may provide records relating to my current and past education.
- The Department of Workforce Education and affiliated training providers may provide records relating to current and past education
- The Department of Higher Education and affiliated educational Institutions may provide records relating to current and past education
- Private and career training institutions may provide records relating to current and past training and education
- My current and past employers may provide information related to my employment

As a condition to my authorization the Arkansas Workforce Centers System agrees to use the information obtained solely for purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, and helping me achieve my occupational goals. This authorization is valid until 18 months after the date of exit from my program of services. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to vocational certification. I understand that, as a condition of my receiving services, information collected by the Employment Security Department related to employer reported employment and wage records will be used for purposes of determining overall program performance.

Customer Signature

Customer Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Date

In order to assess your needs and help us in program enrollment, please complete the following:

Name: _____ Telephone: _____

- I am interested in enrolling in school: when?** _____
- I am currently enrolled and attending school**

Name of School _____

Program/Degree plan: _____

Estimated completion date: _____

Financial aid:

- I am receiving (i.e. TAA, FAFSA/Pell Grant, etc) _____
- I have applied for FAFSA/Pell Grant
- I have not applied for FAFSA/Pell Grant

Be prepared to provide verification of the following documents if necessary:

- Degree Plan
- Class schedule
- FAFSA or Financial aid determination
- Transcript (does not have to be official)
- Recent Grades

Notes/Comments

Resource rooms available to print any of the documents listed, and to apply for PELL and other aid.

