



Pre-Application WIA Dislocated Worker Program

Please Print

Today's Date: _____ Location: _____

Social Security No.: _____ Referred by Re-Employment Services: Yes No

Were you referred by another agency? Yes No Name of agency: _____

Name _____
Last Name First Name

Address: _____ Phone No. _____

Recently Separated Veteran or Spouse: _____

Date of Birth _____ Age _____ Gender Female Male Disability Yes No

Last Employer: _____ Length of Employment: _____

Job Title: _____ Lay-off Date: _____

Employment Information

Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Plant Closure <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No
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Would you be interested in any of the following Dislocated Worker Services to help you seek employment?

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Identification of your interests, skills, and aptitudes | <input type="checkbox"/> Classroom Training |
| <input type="checkbox"/> Develop an employment plan for occupational change | <input type="checkbox"/> On-the-Job Training |
| <input type="checkbox"/> Job search assistance | |

Do you believe additional training would help to make you more employable?

- Yes What type of training: _____ No Undecided

Barriers that might hinder you from Employment:

- Pending Legal Issues Felony No Current Driver's License
 Other Explain: _____

At present time, what type of job are you seeking? _____

Consent for release of Unemployment Insurance: I am requesting a printout of information regarding my unemployment insurance compensation for the purpose of applying for the WIA Dislocated Worker Program.

Signature Date

FOR OFFICE USE ONLY Eligible Ineligible Why: _____