



**WORKFORCE INNOVATION & OPPORTUNITY ACT  
APPLICATION**

P.O. Drawer 4128  
3991 E. 29<sup>th</sup> St  
Bryan, TX 77805  
Phone 800-386-7200  
Fax 979-595-2812

**Twist ID:**

Applicant Name:

SSN:

Thank you for your interest in the Workforce Innovations and Opportunity Act with Workforce Solutions Brazos Valley. To help us determine if you are eligible for services please:

**Bring the following information to your appointment:**

Birth Certificate or Social Security Card

Photo I.D. Card (such as driver's license) or Voters Registration Card

If you do not have the above documents, please ask for a list of other documents that establishes identity.

**If you are not receiving TANF, SSI, SNAP, or Unemployment Benefits, please bring:**

Proof of gross family income for the last 6 months. This includes all income sources received by all family members during the last 6 months. It includes, but not limited to: gross salaries and wages, Social Security Benefits, retirement, UI, child support, VA benefits, worker's compensation, etc.

**IF APPLICABLE, bring the following information:**

Lay-off letter or reduction in workforce notice

Medical release to return to work

Verification of any disability

Military Discharge Form(s) DD214

**Selective Service Registration ([www.sss.gov/RegVer/wfVerification](http://www.sss.gov/RegVer/wfVerification))**

TANF and/or SSI letters or current eligibility

**Providing proof of documentation does not guarantee eligibility for Workforce services. Completing the application is the first step in determining eligibility for Workforce Innovations and Opportunity Act Services.**

**Assigned to:**

**Date:**

Equal opportunity employer/program. auxiliary aids and services are available upon request to individuals with disabilities.  
Relay Texas (800) 734-2989, TDD (800) 734-2988 Voice, TTY (979) 595-2819



**WIOA APPLICATION**

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Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

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Permanent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Resident Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_  
 Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**How did you hear of WIOA?**

- Texas Workforce Commission \_\_\_\_\_ Newspaper \_\_\_\_\_ Radio Station \_\_\_\_\_ Prospective Employer \_\_\_\_\_
- Adult Education & Literacy \_\_\_\_\_ Child Care \_\_\_\_\_ Other Please specify \_\_\_\_\_
- Texas Dept. HHSC \_\_\_\_\_ Friend \_\_\_\_\_ Housing Agency \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
 Month / Day / Year \_\_\_\_\_ How old are you today? \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Ethnic Group: (Circle One)**

- White (not Hispanic) \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_
- Black (not Hispanic) \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_

Are you are an American Citizen? ..... Yes No  
 If no, what documentation do you have for work? \_\_\_\_\_  
 Do you have an arrest record? ..... Yes No  
 If yes, have you ever been arrested for an offense other than a misdemeanor? ..... Yes No  
 Are you receiving Unemployment Compensation? ..... Yes No  
 Have you exhausted a claim for Unemployment Compensation? ..... Yes No  
 If male, have your registered for the Selective Service? ..... Yes No  
 If yes, what is your registration number? \_\_\_\_\_

The following item is a voluntary disclosure and the disability information is not required for provision of services by the Brazos Valley Workforce Center.

Do you have any physical or mental handicap? ..... Yes No  
 If yes, is this disability a substantial barrier to employment? ..... Yes No  
 Have you participated in the TANAF/CHOICES program in the last 6 months? ..... Yes No  
 Do you have any other substantial barriers to employment, such as: displaced homemaker, substance abuse or homeless?..... Yes No  
 Are you a foster child? ..... Yes No  
 Is your ability to communicate in English limited, resulting in a job handicap? ..... Yes No  
 Are you a runaway youth? ..... Yes No  
 Are you under 22 and pregnant or a parent? ..... Yes No  
 Have you received Food Stamps in the last 6 months? ..... Yes No  
 Over the last 2 years, have you worked for any single employer for more than 3 months in a row? ..... Yes No  
 If you are a high school student are you academically behind? ..... Yes No



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**Educational Status**

College Graduate (14-16 grade level)      Some College (13-14 & no degree)      HS Graduate (12 grade level)      GED (GED/HS equivalent)

\*\* if higher than 16, please indicate Master's or Doctoral degree

What was the last grade you finished in school?

Are you enrolled in or attending school or vocational training?      Yes      NO  
 Are you participating in a Compensatory Educational Program or a School-Wide Project? ...      Yes      No  
 Are you enrolled in a tech Prep Program? .....      Yes      No  
 Are you truant youth? .....      Yes      No

**Military Service**

Have you served on Active duty in the Military Service?

**FROM:**      Month / Day / Year      **TO:**      Month / Day / Year

If yes do you have veteran status .....      Yes      No  
 Did you serve on active duty between August 5, 1964 and May 7, 1975? .....      Yes      No  
 Were you discharged because of a service connected disability or are you entitled to compensation under laws administered by the Veterans' Administration? .....      Yes      No

List two contacts **not living in your household** who will be able to locate you in case you move or change telephone numbers.

Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Area Code	Number	Phone	Area Code	Number
Relationship			Relationship		

Are you receiving any Public Assistance? .....      Yes      No  
 Type of public assistance:      Food Stamps      TANF      SSI      Free/Reduced School Lunch  
 Are you seeking and available for work? .....      Yes      No  
 Have you made recent specific efforts to find employment? .....      Yes      No  
 Have you ever been employed or self-employed?.....      Yes      No  
 Have you been terminated, laid off, or received a notice of lay off from your Employer and are you likely to return to that industry or occupation?.....      Yes      No  
 If yes, name and address of Employer



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Was this termination a result of a permanent closure or any substantial layoff at a plant or facility?	Yes	No
Were you formerly self-employed but presently unemployed? .....	Yes	No
Are you or a member of your family who lives in your household, formerly self-employed? .....	Yes	No
Have you participated in any WIOA activities? .....	Yes	No

If yes, what type of training did your take?

**List all persons living in your household related to you by blood, marriage or adoption who are presently employed or have worked in the last 6 months.**

Name	Relationship	Social Security #	DOB
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Employer Name	Start Date	End Date	Hours per Week	Wage per Hour
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Name	Relationship	Social Security #	DOB
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Employer Name	Start Date	End Date	Hours per Week	Wage per Hour
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Name	Relationship	Social Security #	DOB
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Employer Name	Start Date	End Date	Hours per Week	Wage per Hour
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**List all persons, including children living in your household related to you by blood, marriage or adoption who have not worked in the last six months.**

Name	Relationship	Social Security #	DOB
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Name	Relationship	Social Security #	DOB
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Name	Relationship	Social Security #	DOB
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Name	Relationship	Social Security #	DOB
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Name	Relationship	Social Security #	DOB
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Company Name
Supervisor's Name
Street Address
City, State, Zip Code
Area Code ( ) Phone #
Starting Date: Month Day Year
Ending Date: Month Day Year
Job Title
Duties
Wage per Hour\$
Average Hours per Week
Full Time Part Time
Total Earnings \$
Reason for Termination

Company Name
Supervisor's Name
Street Address
City, State, Zip Code
Area Code ( ) Phone #
Starting Date: Month Day Year
Ending Date: Month Day Year
Job Title
Duties
Wage per Hour\$
Average Hours per Week
Full Time Part Time
Total Earnings \$
Reason for Termination

Company Name
Supervisor's Name
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Job Title
Duties
Wage per Hour\$
Average Hours per Week
Full Time Part Time
Total Earnings \$
Reason for Termination

I certify that the information reported in this document is accurate and true to the best of my knowledge.

Applicant Signature:

Date:

If under 18 years of age must be signed by parent/legal guardian:

Signature:

Date:

Address:

Phone Number: