



Pre- Application for Workforce Innovation & Opportunity Act Services

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Please complete entire form, do not leave any question blank. Use N/A (not applicable) if it does not apply to you.

APPLICANT INFORMATION

TWIST ID: _____

Name: <u>First</u> <u>Middle Initial</u> <u>Last</u>		
Date of Birth/Age:	Social Security Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Disclosed
Residence Address:		Mailing Address:
City, State, and Zip Code:		City, State, and Zip Code:
County of Residence: <input type="checkbox"/> Brazos <input type="checkbox"/> Burleson <input type="checkbox"/> Grimes <input type="checkbox"/> Leon <input type="checkbox"/> Madison <input type="checkbox"/> Robertson <input type="checkbox"/> Washington		
Primary Phone:		Secondary Phone:
Email Address:		Household Status: <input type="checkbox"/> Single <input type="checkbox"/> Living with Partner <input type="checkbox"/> Living with Parent(s) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Head of Household
Preferred Method of Contact:		Preferred Language:

Priority of Service Determination (Please check all boxes that may apply to you or select N/A if none of the boxes apply to you):

<input type="checkbox"/> Foster Youth
<input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of a Veteran
<input type="checkbox"/> Recipient of Public Assistance (i.e.TANF, SNAP benefits) <input type="checkbox"/> Basic Skills Deficient Individual <input type="checkbox"/> Low-Income Individual
<input type="checkbox"/> Not Applicable (N/A)

CHARACTERISTICS/ BARRIERS

Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Food Service Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have selective service registration (Males 18 years of age +) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Seasonal Farm Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have limited English proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to above, do you remain at your jobsite overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a runaway youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Disability (Do not disclose any details) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you a pregnant or parenting youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", does this disability prevent you from obtaining or retaining employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you identified above as a Foster Youth, Are you 16+ and have left foster care for adoption/guardianship or aged out? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a history of substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been involved in the Criminal Justice System? <input type="checkbox"/> Yes <input type="checkbox"/> No Most <u>Recent</u> Release Date: _____ <input type="checkbox"/> Misdemeanors ONLY <input type="checkbox"/> Arrest ONLY <input type="checkbox"/> Other	

EDUCATION (Check any boxes that currently apply to you at the date of your Pre-Application)

Highest Education Level Obtained: High School Diploma/Equivalency Vocational Certificate Associates Degree Bachelors Degree
 Masters Degree Other (Please specify highest grade level completed): _____

Check the applicable box to verify if you are currently enrolled or attending any of the following: High School Equivalency (GED) High School
 Trade School College None

Check the box that applies to your Current School Status: Enrolled and Attending one of the above schools/programs Registered, but Not Attending one of the above schools/programs Dropped Out of one of the above schools/programs

Current School Name: _____	Former School Name: _____
Have you applied for Financial Aid in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received any Financial Aid in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received assistance from Vocational Rehabilitation in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever attended Job Corps? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list ANY Special Classes or Certifications you have taken/received, including military, vocational, and technical:

- _____
- _____
- _____
- _____
- _____

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EMPLOYMENT HISTORY

Has your job been affected by a natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an individual that has been providing unpaid services to family members in the home and dependent on the income of another and is no longer being supported by their income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been terminated, laid off, received a notice of lay-off or been notified of a planned closure from you employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please list the name and address of Employer: _____	
Was this termination a result of a permanent closure or any substantial layoff at a plant or facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you actively looked for work in the last 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If laid off, is it temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Current or most recent Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: \$ _____ <small>Hrly or Salary (circle one)</small>	Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent	
Previous Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: \$ _____ <small>Hrly or Salary (circle one)</small>	Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent	
Previous Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: \$ _____ <small>Hrly or Salary (circle one)</small>	Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent	
Previous Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: \$ _____ <small>Hrly or Salary (circle one)</small>	Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent	
Previous Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: \$ _____ <small>Hrly or Salary (circle one)</small>	Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent	
Previous Employer: _____	
Title: _____	
MILITARY	
Have you or your spouse served (Active Duty) in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Type: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other
Military Branch: _____ From ____/____/____ to ____/____/____	
Operation Iraqi Freedom? And/Or Operation Enduring Freedom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you discharged due to a service connected disability? And/Or Are you entitled to compensation under laws administered by the Veterans Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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FAMILY

How many individuals are in your household? _____

Complete the section below about **all individuals who live in your home**. Begin with your information, and then list the people who live with you and their relationship to you. List each person's date of birth and approximate gross monthly income. Workforce Staff will review this with you in depth if income is needed to determine your eligibility. Include all sources of income in your total.

Name	Relationship	Date of Birth	Social Security Number	Worked in the last six months	Amount of Income in the last six months
1	SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	

CHECK ANY BENEFITS YOU (OR A FAMILY MEMBER) RECEIVE NOW OR HAVE RECEIVED IN THE LAST SIX MONTHS:

Current	Last Six Months	Never			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutritional Assistance (SNAP)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Income (SSDI)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance (UI)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trade Act Assistance (TAA)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free or Reduced price school lunch	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student Loans	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pell Grant	<input type="checkbox"/> You	<input type="checkbox"/> Family Member

ACKNOWLEDGEMENT

By signing this form, I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws, (2) I am applying for services from Workforce Solutions Brazos Valley and all information on this application represents a complete and accurate statement of my work, education or training hours; household income; and family size at the time of submission.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian if Applicant is a Minor _____ Date _____

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
Deaf, hard-of-hearing or speech-impaired customers may contact: Relay Texas: (800) 735-2989 (TTY) and 711 (Voice).

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SECTION V - LANGUAGE LINE NOTICE	
ENGLISH	<p>IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (800) 386-7200 for assistance in the translation and understanding of the information in this document.</p>
SPANISH	<p>¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (800) 386-7200 para pedir asistencia en traducir y entender la información en este documento.</p>
CHINESE (TRADITIONAL)	<p>重要須知！ 本文件包含重要資訊，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電 (800) 386-7200 洽詢翻譯及理解本文件資訊方面的協助。</p>
VIETNAMESE	<p>LƯU Ý QUAN TRỌNG! Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Hãy gọi (800) 386-7200 để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.</p>
KOREAN	<p>중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. (800) 386-7200 로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.</p>
HINDI	<p>ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (800) 386-7200 पर कॉल करें।</p>

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