



# Employment & Training

WIOA/NEW/TRIBAL/TERO



## APPLICATION FOR SERVICES

TERO  WIOA Adult (18 yrs. & older)  Youth Program (14 yrs. to 24 yrs. old)  NEW

### TYPE OF SERVICES YOU ARE APPLYING FOR:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> TERO ( <i>Job Referrals</i> ) | <input type="checkbox"/> Career Services ( <i>computer lab, phone, copies, etc.</i> )     | <input type="checkbox"/> Vocational Trades/Apprenticeship |
| <input type="checkbox"/> Job Searching Assistance      | <input type="checkbox"/> Internship/Externship ( <i>Current Enrolled Jr/Sr Students</i> ) | <input type="checkbox"/> Youth Program                    |
| <input type="checkbox"/> Resume Assurances             |   |   |

First Name:		Last Name:		Middle:	
Home/Cell Phone:		Message Phone:		Contact Person:	
Email:			How do you prefer to be contacted: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Message Phone # <input type="checkbox"/> Email <input type="checkbox"/> Other:		
Physical Address:		City:	State:	Zip:	District:
P.O. BOX/Mailing Address:		City:	State:	Zip:	District:
GRIC Enrolled Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		If not enrolled in GRIC, please list tribal affiliation:			
Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Are you registered for Selective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you U.S Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### EMPLOYMENT STATUS:

Current Employer Name:		Current Employed Address, City, State, Zip:			
Phone Number:		Job Title:		Supervisor Name:	
Start date:	End date:	Wage/Salary:		Reason for Leaving:	
List Primary duties assigned:					

**WORK HISTORY:****STARTING WITH THE MOST RECENT JOB: COMPLETE ALL SECTIONS**

Last Employer Name:		Last Employer Address, City, State, Zip:	
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Phone Number:	Job title:	Supervisor Name:	
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Start date:	End date:	Wage/Salary:	Reasons for Leaving:
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List Primary duties assigned:

<b>Employer Name:</b>		Employer Address, City, State, Zip	
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Phone Number:	Job title:	Supervisor Name:	
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Start date:	End date:	Wage/Salary:	Reasons for Leaving:
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List Primary duties assigned:

<b>Employer Name:</b>		Employer Address, City, State, Zip	
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Phone Number:	Job title:	Supervisor Name:	
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Start date:	End date:	Wage/Salary:	Reasons for Leaving:
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List Primary duties assigned:

<b>Employer Name:</b>		Employer Address, City, State, Zip	
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Phone Number:	Job title:	Supervisor Name:	
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Start date:	End date:	Wage/Salary:	Reasons for Leaving:
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List Primary duties assigned:

<b>Employer Name:</b>		Employer Address, City, State, Zip	
Phone Number:	Job title:	Supervisor Name:	
Start date:	End date:	Wage/Salary:	Reasons for Leaving:
List Primary duties assigned:			

**Who can we contact if we are unable to reach you?**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**WIOA/NEW/TERO Program**

**ACKNOWLEDGEMENT:** My signature below certifies that the information in this application is true and accurate. I understand that such information is subject to verification, and I further realize that falsified information may result in the rejection of this application and/or termination from the program. I also understand that there is **no guarantee that services will be provided.**

\_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature: (If applicant is under 18 yrs old)** \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Front Desk Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FRONT DESK ONLY:**

- Application Forward: (check program)  WIOA Adult Program  WIOA Youth Program (18yrs-24 yrs)
- Summer Youth Program (14 yrs – 24 yrs)  TERO (SS Card, Tribal ID, DL, resume attached)
- Orientation Date: \_\_\_\_\_