



### Pre-Registration Form

Please complete all the necessary information. Do not leave any of the information blank. Black and blue pen only.

#### Applicant Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First M.I. Maiden  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_  
Mailing Address City State Zip Code  
 \_\_\_\_\_  
Residence Address City State Zip Code  
 Cell or Alt. Phone: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

#### Education

Currently Attending Middle/High School/GED     High School Graduate     Attained GED     College Graduate  
 School Currently Attending: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Attending:  Full-Time     Part-Time

#### Characteristics

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ U.S. Citizen or eligible to work in the U.S.  Yes  No Gender:  Male  Female  
 Ethnicity:  White/Caucasian     Hispanic/Latino     Black/African American     American Indian/Alaskan     Asian     Pacific Islander  
 Are you a military veteran?  Yes  No    If male and over 18, are you registered with Selective Service?  Yes  No  
 Do you have any of the following barriers to employment? (Check all that apply)  
 Offender     Disability     Homeless     Foster Child     Limited English     Runaway Youth     Substance Abuse  
 Pregnant/Parenting Youth     Deficient in Basic Literacy Skills     Worked less than 3 of last 12 months     Displaced Homemaker  
 Qualifying Spouse of a Military Veteran

If disability is a barrier to employment, you will need to provide documentation.

**Family Income information:** List all family members and the income received by each member during the past 26 weeks. **Family is defined as:** Two or more persons related by blood, marriage, or decree of court, who are living in a single residence and are (1) a husband, wife and dependent children OR (2) a parent or legal guardian and dependent children, OR (3) a husband and wife. List yourself first.

Family Relationship	Last Name, First Name	Age	Income	Source of Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please check public assistance received by your family in the last 6 months:

Food Stamps     Temporary Assistance for Needy Families (TANF)     SSI

#### Employment Status

Are you currently employed?  Yes  No    If presently unemployed, were you laid off from your job?  Yes  No  
 Current or Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
Street Address  
City State Zip Code Telephone: (\_\_\_\_) \_\_\_\_\_  
 Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Wage/Salary: \_\_\_\_\_  
 Was your position considered permanent?  Yes  No    Reason for leaving: \_\_\_\_\_

## Additional Contacts

List three (3) alternate contact people that do not live with you.

	Contact Name (First and Last)	Telephone Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that the information I provided will be used to determine eligibility and that I may be required to document the accuracy of the information and that the information is subject to external verification and may be released for such purposes. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment as a result of falsifying information on any documents and may be prosecuted for fraud and for perjury.

### CONSENT TO RELEASE INFORMATION

I hereby consent to the release of any and all information by the WIA Staff at the Workforce Solutions Center to include any test results, employment, income, family, labor market, or any other information I have provided on this application. I further authorize the WIA Staff to obtain information concerning my status from the following: Employers, Social Security Administration, Vocational Rehabilitation, Training Institutions, Health & Human Services, and the Independent School Districts. I also consent to release personal information if I am institutionalized.

### SOCIAL SECURITY NUMBER

To participate in programs under the Workforce Investment Act (WIA), disclosure of my Social Security Number is voluntary. However, disclosure of my Social Security Number is required for Standardized Program Information Reporting (SPIR) and employment purposes during and/or after WIA training. Failure to disclose my Social Security Number may delay processing of information relating to my participation in program activities.

I understand the above statements and I am disclosing my Social Security Number voluntarily. SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### DISCLAIMER

I understand that this application does not necessarily entitle me to receive WIA Services. I agree to come in voluntarily for further assessment, testing, etc. as designated by the Workforce Solutions of the Coastal Bend application process.

Applicant's Signature: \_\_\_\_\_ Parent or Legal Guardian Signature: \_\_\_\_\_  
*(If Applicant is under 18 years)*

## WIA Eligibility Checklist

Please bring the following documents to your eligibility appointment.

- Completed Pre-Registration Form** (Must be accompanied by parent or legal guardian if under 18 yrs. of age.)
- Proof of AGE** – Texas Drivers License or Photo ID Card
- Proof of CITIZENSHIP** – U.S. Birth Certificate or Passport or Alien Registration Card
- Social Security Card**
- Proof of registration for SELECTIVE SERVICE** if you are male and will be 18 and older by July 7, 2008. Get this from post office or from website at [www.sss.gov](http://www.sss.gov).
- Proof of guardianship** - if you are under the guardianship of someone other than person(s) listed on birth certificate, please provide authorized guardianship documentation.

**If your family is not currently or has not received TANF, SSI, or Food Stamps in the last 6 months, please provide the documents listed below:**

- Proof of HOUSEHOLD INCOME** - All income must be noted on application of all family members for the last 26 weeks (6 months) and documentation must be provided, this includes but is not limited to, gross salaries and wages, social security benefits, retirement, unemployment benefits, child support, VA benefits, worker's compensation.
  - o Acceptable Documentation- Check stubs, wage history, bank statements, statement from employer, letter/printout from agencies providing benefits, etc.
- Proof of number in family**- Signed and dated statement from your landlord listing family members, lease, court decree, or a marriage certificate. You may also use birth certificates for all family members.

**NOTE: Failure to provide the necessary documentation will delay the eligibility process. Please contact your local Workforce Solutions center with any questions.**