



WIOA Program

Summer Youth

Application

2021

<u>Name</u>		<u>Date of Birth</u>		<u>Gender:</u>		M	F
Address		City		State		Zip	
Mailing Address		City		State		Zip	
Email		Phone Number		Tribal Affiliation		SS#	
<u>Marital Status:</u>		Single	Married	Divorced	Separated	Widowed	

<u>List house hold members</u>	<u>Age</u>	<u>Relationship</u>
		<u>Self</u>

<u>Branch of Armed Forces</u>			
Do you have registration with selective Services?	Yes	No	SS#
Have you served with the arm forces?	Yes	No	Services Dates:

Work History

Job Title #1	State Date & Start Wage	End Date & End Wage
Employer Name	Address	Phone Number
Duties and Responsibilities		

Job Title #2	State Date & Start Wage	End Date & End Wage
Employer Name	Address	Phone Number
Duties and Responsibilities:		

Education

Highest Grade Completed	Diploma/GED	Year
Level of College/Technical Education	Degree achieved	Year
Occupational Skills Certifications	List any other Certifications	Year
Please list any other skill that may help you perform your job better.		

Client Intake Questioner		
Medical		
List any medical or health conditions/History that may interfere with your work performance/Training		
Do you have reliable child care?	Yes	No
Do you have a Driver License?	Yes	No
How long have you been at your current residents?		
Have you ever been convicted of any crimes within the last five years?	If Yes Please Explain:	No

How can WIOA assist you?	Please explain your goals and interest:	
1. Education or 2. Skills Training 3. Work experience <i>(Please identify what number you are requesting)</i>	Please list career fields you're interested in:	
1. Education and/or 2. Employment services <i>(Please identify what number you are requesting)</i>	List education and employment tools, attire, transportation you are applying for:	
Volunteer Statues with WIOA	List any skill that you would like us to know about your work experience with WIOA	
Short term goal: <i>(A goal that you can achieve in 12 months or less)</i>	Start Date	Ending Date

<p>Long term goal: <i>(A goal that takes 12 months or longer to achieve)</i></p>	Start Date	Ending Date

<u>Income</u>
Please circle any of the income you and your family receiving.
<p>Earned Wages Child Support Alimony Self-Employment Employment TANF SSI SNAP Stipends Social Security GA Veteran Benefits</p>

<u>Certification</u>	
<p>I certify that answers given herein are true and complete.</p> <p>I authorize investigation of all statements contained in this application for WIOA programs services and/ or employment as may be necessary in arriving at an WIOA program services and/ or employment decision.</p> <p>This application for WIOA program services and/or employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for WIOA program services and/or employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any WIOA program services(s) and/or employment relationship with this organization is of an "at will" nature, which means that the WIOA client/participate and/ or employee may resign at ant time and the WIOA office (YST headquarters) may discharge WIOA client/participant at any time with or without caused.</p> <p>In the event of WIOA program services and/or employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rule's regulation of YST-WIOA program and/or my employment.</p>	
Signature of Applicant	Date:
Signature of YST-WIOA Staff	Date:

Please provide the following supporting documents with your applications.

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|------------------------------------------------------------------------------|------------------------------|
| -Tribal Enrollment Verification | -Proof of Residency |
| -SS Card | -Hire Letter from Employer |
| -Birth Certificate | -Education acceptance Letter |
| -List of work attire/ Tools from education facility and/or from the employer | |

Ihanktonwan Nation Employment and Training Program 2020

YST-WIOA: 800 Main Ave SW, Box 1153, Wagner, SD 57380

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