

netWORKri CUSTOMER APPLICATION

PLEASE PRINT - all fields must be completed to be considered a complete application

INDIVIDUAL INFORMATION

Date: _____

Last Name	First Name	MI	Last 4 Digits of Social Security #	
Residential Address	City	ST	Zip	Date of birth:

Mailing Address if different than residential address: _____ If Mailing Address is the same as the residential address check here:

Address: _____ City: _____ ST: _____ Zip: _____

Primary Phone ()	Cell Phone ()	e-mail:
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Gender Male Female **Marital Status:** Single Single/Head of Household Married Widowed Divorced

Alternate Contact Information (If possible, list someone not living with you.)

Last Name: _____ First Name: _____ Relationship: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____ e- _____

Authorized to work in the U.S.: Citizen of US or US Territory US Permanent Resident Alien/Refugee Lawfully Admitted to US
If not a Citizen: Alien Registration # _____ Expiration Date _____ (mm/dd/yyyy)

Ethnic Origin Hispanic/Latino heritage Not Hispanic/Latino

Race (Optional) May check more than one: Black/African American American Indian or Alaskan Native
 Asian Hawaiian Native or Pacific Islander
 White I do not wish to disclose

Have you registered with Selective Service? Yes No Not Applicable Exempt from Registration

Are you homeless? Yes No

Have you ever been arrested or convicted of a crime? Yes No

If English is not your native language or you live in a community where English is not the dominant language, do you have difficulty reading, writing, speaking or understanding English? Yes No

Do you have a disability? (Optional) Yes No I do not wish to disclose
If answered "yes" to Disability one of the below must be selected:
 Physical impairment Mental impairment
 Both a physical and mental impairment
 I do not wish to disclose

EDUCATION INFORMATION

Education Level (Check your highest education level completed)

- No grades completed
- Highest school grade (1-11) completed: Grade: _____
- 12th Grade Completed and did not receive diploma or equivalent
- Certificate of attendance/completion (Disabled Individuals)
- General Equivalency Degree (GED)
- High School Diploma
- College or a Technical or Vocational School –
 1 year 2 years 3 years
- Vocational School Certificate
- Associates Degree Bachelor's Degree Masters Degree
- Doctorate Degree Specialized Degree

School Status

- Not Attending Any School
- Attending High School, Junior High, Middle or Elementary School
- Attending an Alternative High School
- Attending College or a Technical or Vocational School

Last School _____

Dates: From _____ To _____

Have you been notified or are receiving a Pell Grant?
 Yes No

MILITARY SERVICE

Are you in the military, a veteran or the spouse of a veteran? Yes No If YES, continue to answer questions 1-4

1. Are you a Transitioning Service Member? Yes No
If YES, indicate Transitioning Type: Within 24 Months of Retirement Within 12 Months of Discharge: Projected Discharge Date: _____

2. Have you attended a Transition Assistance Program (TAP) Workshop within the last 3 years? Yes No

3. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable?
 Yes No

4. Are you the spouse of a veteran who has a total service connected disability, is Missing in Action, captured in the line of duty by a hostile force, is a Prisoner of War or who died from a service connected disability? Yes No

If you answered YES to Question 2 or 3, continue to enter the information below about your (or your spouse's) military service.

Eligible Veteran Status: <input type="checkbox"/> Yes – served for less than or equal to 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No	Military Service Entry date _____ (mm/dd/yyyy) Discharge date _____ (mm/dd/yyyy)
	Are you a Campaign Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

Branch of Service Army Navy Air Force Marines Coast Guard Army/Air National Guard

Active in Military Reserves Yes No **Homeless Veteran:** Yes No

Type of Discharge Received Honorable Under Honorable Conditions (General) Under Other Than Honorable Conditions
 Bad Conduct Dishonorable Uncharacterized Other (Explain) _____

Disabled Veteran No Yes, Disabled Yes, Special Disabled (Greater Than 30%) If Yes, Indicate Disability Percentage ___ %

Served more than 1 tour of duty: Yes No
 Tour 1 Dates: _____ Tour 2 Dates: _____ Tour 3 Dates: _____

EMPLOYMENT INFORMATION

Current Employment Status Working Full Time Working Part Time Not Working Never Worked Other (Explain) _____

Have you recently received a Notice of Termination of Employment or Military Separation? Yes No

Have you been notified of an impending layoff? Yes No Projected Date of layoff: _____

Have you attended a Rapid Response Program Orientation at your former Company? Yes No

Will you be returning to your former job? Yes No If YES, indicate Return to Work Date (mm/dd/yyyy) _____

Are you collecting Unemployment Insurance? Yes If not RI, indicate state _____ No Pending Exhaustee

Are you currently looking for work? Yes No

Migrant/Seasonal Worker – Have you worked on a farm or as a migrant/migrant food processor at least 25 days in the past 12 months?
 Yes No - If YES, Class: Farmworker Migrant Migrant Farmworker

Type of Qualifying Farmwork: Agricultural Production and Services Food Processing Establishments

Do you belong to a Union? Yes: List Union and Local _____ No

OCCUPATIONAL LICENSE(S), CERTIFICATE(S) & DRIVER'S LICENSE INFORMATION

Occupational Certificate/License	Issuing Organization	Issue Date	State	Country

Do you have a valid Driver's License? Yes No - If YES, in what State? _____ Type: Regular Commercial Permit

Class: 10 - Private Vehicle A - Tractor Trailer B - Straight Truck C - Bus

Endorsements: Hazardous Waste Motorcycles Tankers Double/Triple Trailers

Restrictions: Air Brakes School Bus Class A, except bus Class A, except tractor trailer double/triples Private/Chauffeur's

EMPLOYMENT OBJECTIVE

Employment Objective – What kind of job are you interested in?	Do you have experience in this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Number of Years _____ Months _____
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Desired Job Location: Within 5 10 25 50 Miles of Zip Code _____ OR Anywhere in RI OR Any Other State _____

EMPLOYMENT HISTORY

WORK HISTORY #1 - CURRENT OR MOST RECENT JOB

Employer Name	Start Date: _____ (mm/dd/yyyy)	End Date: _____ (mm/dd/yyyy)
Address	City	State Zip Country
Job Title	Wage: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours Worked Per Week

Reason for Leaving: Lay-off Terminated/Fired Better Opportunity Still Employed Resigned/Quit Job Ended Retired Other

Duties

WORK HISTORY #2

Employer Name	Start Date: _____ (mm/dd/yyyy)	End Date: _____ (mm/dd/yyyy)
Address	City	State Zip Country

Job Title	Wage: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours Worked Per Week		
Reason for Leaving: <input type="checkbox"/> Lay-off <input type="checkbox"/> Terminated/Fired <input type="checkbox"/> Better Opportunity <input type="checkbox"/> Still Employed <input type="checkbox"/> Resigned/Quit <input type="checkbox"/> Job Ended <input type="checkbox"/> Retired <input type="checkbox"/> Other				
Duties				
WORK HISTORY #3				
Employer Name	Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)		
Address	City	State Zip Country		
Job Title	Wage: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours Worked Per Week		
Reason for Leaving: <input type="checkbox"/> Lay-off <input type="checkbox"/> Terminated/Fired <input type="checkbox"/> Better Opportunity <input type="checkbox"/> Still Employed <input type="checkbox"/> Resigned/Quit <input type="checkbox"/> Job Ended <input type="checkbox"/> Retired <input type="checkbox"/> Other				
Duties				
PUBLIC ASSISTANCE INFORMATION				
In the last 26 weeks, have you or anyone in your household (including yourself and anyone related to you by blood, marriage or adoption) received or have been determined eligible to receive any of the following:				
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	If receiving TANF, are you within 2 years of exhausting lifetime eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Stamps (SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No			
General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
FAMILY & FINANCIAL INFORMATION				
Are you single, separated, divorced or a widowed individual who has primary responsibility for one or more dependents under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List each person in your household, including yourself, who is related to you by blood, marriage or adoption. For each member, list the Source of Income (such as gross wages, pensions, social security, rental income or alimony) and the amount for the last 26 weeks. Do NOT include child support, unemployment, or public assistance amounts.				
Name (First & Last Name)	Relationship	Date of Birth	Source of Income	Amount (Last 26 weeks)
SELF	N/A			\$
TOTAL LAST 26 WEEKS INCOME				\$
ACTIVITIES (Please Tell us why you are here today (Check all that apply))				
<input type="checkbox"/> Job Search	<input type="checkbox"/> Resume Preparation	<input type="checkbox"/> Orientation	<input type="checkbox"/> Workshop	<input type="checkbox"/> Job Fair/Recruitment
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Education Information (GED, ESL, Remedial)	<input type="checkbox"/> Training Information	<input type="checkbox"/> Labor Market Information	
APPLICANT ASSURANCES & RIGHTS				
<p>The information on this application is true to the best of my knowledge. I realize that any false statements that I know I made may cause this application to be rejected, or if I am enrolled in a program, may result in my termination and possible prosecution. I also understand that I am not guaranteed employment or any services which the Department of Labor and Training administers. I understand that netWORKri is a partnership of agencies that provide employment and training services. This form and all my communications with netWORKri contain confidential information, and I understand that the information I provide to netWORKri may be shared with partner agencies for the purposes of employment and training services only. Any form of distribution, copying or forwarding or use of this information for other than its intended purpose is strictly prohibited and may be in violation of State and/or Federal law. I authorize release of this information to netWORKri Partner Agencies.</p> <p>If applying for Workforce Innovation and Opportunity Act (WIOA) services, I agree to allow netWORKri staff to verify any information I provided on this application to determine my eligibility for possible participation. I have read, understand, and received a copy of the Grievance Procedures outlining my right to file a written complaint regarding any aspect of the WIOA program.</p>				
I, _____, hereby certify that, to the best of my knowledge and belief, the information provided is true and that I agree to electronically sign this document. YES NO DATE: _____(mm/dd/yyyy)				

***** FOR OFFICE USE ONLY *****

Displaced Homemaker: Yes No Low Income: Yes No Basic Skills Deficient: YES No
Long Term Unemployed (more than 26 weeks): Yes No Under Employed: YES No
Meets Governors special barriers to employment YES No

CLIENT / PROGRAM:	Unemployment Insurance (UI) Status	<input type="checkbox"/> Wagner-Peysner
	<input type="checkbox"/> Neither Claimant nor Exhaustee	<input type="checkbox"/> Vets
	<input type="checkbox"/> Exhaustee State Issuing Benefits _____	<input type="checkbox"/> TAA
	<input type="checkbox"/> Claimant (Referred by WPRS)	<input type="checkbox"/> Adult Basic Career Services – Date of Participation _____
	<input type="checkbox"/> Claimant (Not Referred by WPRS)	<input type="checkbox"/> WIOA Adult – Date of Participation _____
	Date of Actual Qualifying Dislocation (mm/dd/yyyy) _____	<input type="checkbox"/> WIOA Dislocated Worker – Date of Participation _____
	<input type="checkbox"/> UI Pending	<input type="checkbox"/> NEG – Date of Participation _____

Application Reviewed by: Staff Name _____ Date: _____