

**WIOA APPLICATION  
EmployNV**

General Information				
Application Status:				
Name:		SSN:		
AppID:		WIA Converted App ID:		
State ID:		User ID:		
LWIA:		Office: Office of Responsibility:		
Assigned Case Manager:				
Application Date:		Login Name:		
Eligibility Dates				
Basic Core Date:	Adult Date:	Dislocated Worker:	Youth Date:	Incumbent Worker Date:
Contact Information				
Current Address:		County:		
Mailing Address:				
Eligibility Address:		County:		
Primary Phone: Phone Type:		Alternate Phone: Phone Type:		Fax:
Phone Mode:		Phone Mode:		
Email:				
Demographic Information				
Date of Birth:		Age:	Gender:	
Selective Service: Selective Service Registration Number: Selective Service Registration Date:		Authorized to work in US: Alien Registration Number: Alien Registration Expiration Date:		
Hispanic:		Race:		
Transitioning Service Member Information				
Type of Transitioning Service Member:			Estimated Discharge Date:	
Veteran Eligible Spouse Information				
Veteran Status:		Active Duty Military Spouse:		
Homeless Veteran:		Received Services from Veteran VR:		
Multiple Tours of Duty:		Veteran Separation Dates: - - -		
Employment Information				
Employment Status:		If employed, under-employed:		
Unemployment Eligibility Status:		UI Referred By:		
Claimant has been exempted from work search		Date claimant exempted from work search:		
		Meets Long Term Unemployed Definition:		

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Current or most recent Hourly Wage:		Occupation of Most Recent Employment Prior to WIOA Participation:	
<b>Termination/Layoff Information</b>			
Reason for Layoff:			
Is unemployed due to general economic conditions in the community lived in, or worked in, or related to a military installation realignment:			
Is unemployed as result of an emergency or natural disaster in the community lived in, or worked in:			
Is considered long term unemployed, as defined by the state in the NDWG grant:			
Actual Layoff Date:		Projected Layoff Date:	
Dislocation Employer Name:		Employer Address:	
Dislocation Hourly Wage:			
Attended Group Orientation:			
Most Recent Date Attended Rapid Response Service:		Rapid Response Event:	
<b>Youth Eligibility Education Information</b>			
Age for compulsory school attendance:		Most Recent Date Attended Secondary School:	
Within compulsory school age and did not attend the most recent complete school year calendar quarter:		Has Secondary school diploma/equivalent at Youth Program Eligibility:	
School Status at Youth Program Eligibility:		(WIOA) Attending any School (used for In-School/Out-of-school determination):	
<b>WIOA Education Information</b>			
School Status:			
Highest School Grade Completed:			
High School Diploma or Equivalent received:			
Highest Educational Level Completed:			
<b>Education Partner Services</b>			
Receiving services from Adult Education (WIOA Title II):			
Receiving services from YouthBuild:		YouthBuild Grant Number:	
Receiving services from Job Corps:			
Receiving Services from Vocational Education (Carl Perkins):			
Individualized Education Program Participant:			
<b>Barriers</b>			
English Language Learner:	Basic Skills Deficient/Low Level of literacy:	Homeless:	
Runaway:	Youth in, or aged out of Foster Care:	Out of Home Placement:	
Eligible under Section 477 of the Social Security Act:	Ex-Offender:		
Incarcerated at Program Entry:		Date Released from Incarceration:	
Requires Additional Assistance to complete an educational program or to secure/hold employment:			
<b>Barriers to Employment</b>			
Displaced Homemaker:		Within 2 years of exhausting TANF lifetime eligibility:	
Hawaiian Native:	American Indian/Alaskan Native:		

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<b>Cultural barriers:</b>	<b>Eligible migrant and seasonal farmworker as defined in WIOA Sec. 167(i) :</b>	<b>Meets Governors special barriers to employment:</b>
<b>Eligible Migrant and Eligible Farmworker Status:</b>		<b>National Farmworker Grant Number:</b>

**Public Assistance**

<b>Temporary Assistance for Needy Families (TANF):</b>	<b>TANF Recipient:</b>
<b>General Assistance (GA):</b>	<b>GA Recipient:</b>
<b>Refugee Cash Assistance (RCA):</b>	<b>RCA Recipient:</b>
<b>Supplemental Nutrition Assistance Program (SNAP):</b>	<b>Receiving services under SNAP Employment &amp; Training Program:</b>
<b>Foster Child (state or local payments are made for applicant):</b>	<b>Youth currently living in high-poverty area:</b>
<b>Youth currently receives, or is eligible to receive free or reduced lunch under the Richard B. Russell National School Lunch Act :</b>	<b>Receiving or been notified will receive any Pell Grant Monies:</b>

**Income Information**

<b>Annualized Family Income:</b>	<b>Family Size:</b>
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**Eligibility**

<b>Applicant meets the definition for Low Income:</b>	<b>Youth applicant meets low income based upon living in a high poverty area or free/reduced school lunch:</b>
<b>Dislocated Worker Eligibility: Adult Eligibility:</b>	<b>Youth Eligibility: Youth exception:</b>
<b>WIOA Grant Eligibility</b>	
<b>National Dislocated Work Grant NDWG (formerly NEG):</b>	<b>Statewide Adult Eligibility:</b>
<b>Statewide Dislocated Worker Eligibility:</b>	<b>Statewide Youth Eligibility:</b>
<b>Incumbent Worker Eligibility:</b>	<b>Statewide Rapid Response Additional Assistance:</b>
<b>Non-WIOA Program Eligibility</b>	
<b>Non-WIOA Special Grants:</b>	
<b>Local Funded Grants:</b>	

**Staff Eligibility Information**

<b>Comments:</b>		
<b>Adult Review: Met Requirements :</b>	<b>Adult Review Date:</b>	<b>Adult Review Staff:</b>
<b>Dislocated Worker Review: Met Requirements</b>	<b>Dislocated Worker Review Date:</b>	<b>Dislocated Worker Review Staff:</b>
<b>Youth Review: Met Requirements :</b>	<b>Youth Review Date:</b>	<b>Youth Review Staff:</b>

**WIOA Miscellaneous Information**

<b>Meets the Additional Priorities established by the Governor and/or Local Board:</b>
<b>Youth of Incarcerated Parent:</b>

**Signatures**

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**Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.)** I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

I certify that the information on this application is accurate to the best of my knowledge.

- I understand that my willful misstatement of the facts may cause my forfeiture of rights in the Apprenticeship Program and may result in criminal action.
- I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for the Apprenticeship Program
- I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

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**Applicant Signature**

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**Date**

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**Staff Signature**

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**Date**