

# Instructions for Twenty-First Century Academy Application

1. PLEASE COMPLETE the following boxes on page 2:
  - a. Social Security Number
  - b. Name
  - c. Single Parent (only check yes if the child is a parent)
  - d. Limited English (Check no)
  - e. Substance Abuse (Check no)
  - f. Lacks Poor Work History (Check no)
  - g. Receiving SSI (If anyone in the household is receiving SSI or Disability check yes otherwise check no)
  - h. Offender (If the child is an offender (been to DDC or Jail) check yes)
  - i. Pregnant and Parenting Youth (If the male or female child has children check yes)
  - j. Number in Family (Total number of people in household)
  - k. Annualized Family Income (The parents annual income)
2. Check yes or no for the following boxes:
  - a. Receiving TANF
  - b. Long-Term TANF
  - c. Welfare Transition
  - d. Receiving Food Stamps
3. Have the student sign under customer signature but do not date
4. Have the parent or guardian sign the application but do not date the application
5. Please complete all of page 2.
6. DO NOT DATE THE APPLICATIONS
7. BE SURE TO LIST A VALID CONTACT NUMBER

**IF YOU HAVE ANY QUESTIONS, CONTACT MS. STEVENS AT (904) 598-5668**

## WORKFORCE INVESTMENT ACT APPLICANT DATA

(Please complete ALL items)

Social Security Number		Last Name, First, Middle Initial				
Single Parent <input type="checkbox"/> No <input type="checkbox"/> Yes	Limited English <input type="checkbox"/> No <input type="checkbox"/> Yes	Substance Abuse <input type="checkbox"/> No <input type="checkbox"/> Yes	Lacks (Poor) Work History <input type="checkbox"/> No <input type="checkbox"/> Yes	Student at Risk Status <input type="checkbox"/> No <input type="checkbox"/> No, Not at Risk and One or More Grades Behind <input type="checkbox"/> At Risk and One or More Grades Behind <input type="checkbox"/> Yes, at Risk of Dropping Out	Previous Employment <input type="checkbox"/> Currently Employed <input type="checkbox"/> Job of Dislocation <input type="checkbox"/> No Work History <input type="checkbox"/> Recent Employment (other than Dislocation)	
Receiving SSI <input type="checkbox"/> No <input type="checkbox"/> Yes	Publicly Supported Foster Child <input type="checkbox"/> No <input type="checkbox"/> Yes	Receiving General Assistance <input type="checkbox"/> No <input type="checkbox"/> Yes	Receiving Refugee Cash Assistance <input type="checkbox"/> No <input type="checkbox"/> Yes			
Number of Weeks Unemployed in Prior 26 Weeks _____	Unemployment Compensation Status <input type="checkbox"/> Eligible Claimant <input type="checkbox"/> Insufficient Earnings <input type="checkbox"/> Not Applicable <input type="checkbox"/> Previous Job Not Covered by UC <input type="checkbox"/> U.C. Exhaustee	Offender <input type="checkbox"/> No <input type="checkbox"/> Yes	Homeless and/or Runaway Youth <input type="checkbox"/> Not Homeless and a Runaway <input type="checkbox"/> Not Homeless and not a Runaway <input type="checkbox"/> Yes, Homeless and a Runaway <input type="checkbox"/> Yes, Homeless but not a Runaway	Reading Skills Grade Level _____		
Referred by WPRS <input type="checkbox"/> No <input type="checkbox"/> Yes		Pregnant and Parenting Youth <input type="checkbox"/> No <input type="checkbox"/> Yes		Math Skills Grade Level _____		
Basic Skills Deficient <input type="checkbox"/> No <input type="checkbox"/> No Tested <input type="checkbox"/> Yes	Additional Barriers <input type="checkbox"/> No <input type="checkbox"/> RWB Barriers (Adult) <input type="checkbox"/> Yes, Youth <input type="checkbox"/> Yes, Age 55+ yrs.	Displaced Homemaker <input type="checkbox"/> No <input type="checkbox"/> Yes	Number in Family Dependents under 18	Family Status <input type="checkbox"/> Not a Family Member <input type="checkbox"/> Other Family Member <input type="checkbox"/> Parent in One-Parent Family <input type="checkbox"/> Parent in Two-Parent Family	Family of One <input type="checkbox"/> Yes, Substantial Disability <input type="checkbox"/> No	
Low Income <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No, 5% Youth Exception	Annualized Family Income \$ _____	Veteran or Eligible Person <input type="checkbox"/> No <input type="checkbox"/> Yes	Veteran Type <input type="checkbox"/> Eligible Person <input type="checkbox"/> Other Veteran <input type="checkbox"/> Vietnam Era	Veteran Status <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes, Served less than 180 days <input type="checkbox"/> Yes, Served more than 180 days		
Recently Separated Veteran <input type="checkbox"/> No <input type="checkbox"/> Yes		Campaign Veteran <input type="checkbox"/> No <input type="checkbox"/> Yes		Veteran Disability <input type="checkbox"/> Disabled <input type="checkbox"/> Special Disabled <input type="checkbox"/> Not Disabled		
Length of Employment At Dislocation	Date of Dislocation ____ / ____ / ____ Month Day Year	Receiving TANF <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Exhaustee	Long -Term TANF Recipient <input type="checkbox"/> No <input type="checkbox"/> Yes	Welfare Transition <input type="checkbox"/> No <input type="checkbox"/> Yes	Receiving Food Stamps <input type="checkbox"/> No <input type="checkbox"/> Yes	
Current or Most Recent Employer Name (Dislocated Worker) _____			Code for Occupation of Dislocation _____ O NET Code		Hourly Wage of Employment of Dislocation \$ _____ Dollars Cents	
Reason for Dislocation						
<input type="checkbox"/> Terminated, Laid off or Notified of Layoff, UC Eligible or Exhausted; Attached to Workforce but not eligible for US or job not covered by UC <input type="checkbox"/> Terminated, Laid Off or Notified because of Permanent Closing of Plant or Facility. <input type="checkbox"/> Displaced Homemaker			<input type="checkbox"/> Unemployed or Self Employed <input type="checkbox"/> Employed, in need of Service in Order to Obtain or Retain Employment. <input type="checkbox"/> Long Term Unemployed (Disaster Only) <input type="checkbox"/> Temporary or Permanent Laid Off (Disaster Only)			
Attestation I hereby certify, to the best of my knowledge, the above information is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the WIA program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be given to other federal , state, and local government or non-government job training agencies for performance tracking purposes.						
Signature of Customer _____			Signature of Parent or Guardian _____			
Date _____			Date _____			
Signature of Staff Person _____		Printed Name of Staff Person _____			Date _____	
Comments						

## WORKFORCE INVESTMENT ACT APPLICANT DATA

(Please complete ALL items)

<b>Contact Details</b>	RWB#	Date of Application			Social Security Number	
	_____	____	____	____	____ - ____ - ____	
(Please print all information) E-Mail: _____ Title (Check One) Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> First Name _____ Mi _____ Last Name _____ Also Known As (A.K.A.) _____						
Primary Telephone Number (____) _____ - _____ <small>Area Code</small>		Alternate Telephone Number (____) _____ - _____ <small>Area Code</small>			Type Alternate Number <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Pager <input type="checkbox"/> Work	
Current Street Address					Apartment# _____	
City		State	Zip Code + 4		County	
Current Mailing Address					Apartment# _____	
City		State	Zip Code + 4		County	
Preferred Language for Communication <input type="checkbox"/> English <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Spanish		Preferred Mode of Correspondence <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Other		County Center from which you receive One-Stop services: _____		
<b>Demographic Information</b>		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Haitian <input type="checkbox"/> Info Not Available <input type="checkbox"/> Multi Racial <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White				
Date of Birth (mm/dd/yyyy) / /						
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican, Mexican American <input type="checkbox"/> Not Hispanic or Latino				
Occupational License <input type="checkbox"/> No <input type="checkbox"/> Yes Description _____		Drivers License (Check one below) Issuing State _____ <input type="checkbox"/> Class A-Tractor Trailer over 13 tons <input type="checkbox"/> Class D-Single Vehicle less than 13 tons <input type="checkbox"/> Class B-Single Vehicle 13 tons or more <input type="checkbox"/> Class E-Regular Operator's License <input type="checkbox"/> Class C-Endorsed Vehicle less than 13 tons <input type="checkbox"/> Class F-Other				
<b>Program Details</b>		Program Category: (Check One) <input type="checkbox"/> WIA – Adult <input type="checkbox"/> WIA – Dislocated Worker <input type="checkbox"/> WIA Ages 14-17 <input type="checkbox"/> WIA Ages 18 and Above				
Selective Service <input type="checkbox"/> Not Registered <input type="checkbox"/> No Applicable <input type="checkbox"/> Acknowledgement Letter <input type="checkbox"/> Telephone Contact 1-847-688-6888 Registration # _____			Citizenship <input type="checkbox"/> U.S. Citizen or Naturalized Citizen <input type="checkbox"/> Lawfully Admitted Alien or Refugee		Individual with Disability <input type="checkbox"/> Handicapped/Disabilities <input type="checkbox"/> Impediment to Employment <input type="checkbox"/> No Disabilities	
Currently Enrolled in School <input type="checkbox"/> No <input type="checkbox"/> School Dropout <input type="checkbox"/> Yes	Highest Educational Level <input type="checkbox"/> 12th Grade Completed <input type="checkbox"/> High School Graduate <input type="checkbox"/> Assoc. Degree Awarded <input type="checkbox"/> Masters Degree Awarded <input type="checkbox"/> A.A. Post Sec. Voc. or Tech. <input type="checkbox"/> Other Diploma/Certificate Awarded <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Post Secondary – 1 Yr Completed <input type="checkbox"/> Doctorate <input type="checkbox"/> Post Secondary – 2 Yrs Completed <input type="checkbox"/> Education beyond Bachelors Degree <input type="checkbox"/> Post Secondary – 3 Yrs Completed <input type="checkbox"/> GED <input type="checkbox"/> Post Secondary – 4 Yrs Completed <input type="checkbox"/> Graduate Degree Awarded <input type="checkbox"/> voc Tech less than 12 months				Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed and Not Seeking Employment <input type="checkbox"/> Not Employed and Seeking Employment <input type="checkbox"/> Under employed	