

# GAP/PACE/WIA Application

Iowa Valley Continuing Education  
3702 S. Center St. • Marshalltown, IA 50158  
641-752-4645 • 800-284-4823 • 641-752-1692

SSN \_\_\_\_\_

Name \_\_\_\_\_  
Last – First - Middle Initial

Mailing address \_\_\_\_\_  
PO Box/Street – City – State - Zip Code

Physical address (if different from mailing address) \_\_\_\_\_

County of residence \_\_\_\_\_

Date of birth \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

Gender:  Female  Male

Will you relocate for work?  Yes  No

## Indicate the source of referral:

- |   |  |
|---|--|
| <input type="checkbox"/> Iowa Valley Community College District | <input type="checkbox"/> Edventure             |
| <input type="checkbox"/> GAP/PACE                               | <input type="checkbox"/> Newspaper Ad/ Website |
| <input type="checkbox"/> Workforce Investment Act               | <input type="checkbox"/> AARP                  |
| <input type="checkbox"/> IowaWorks                              | <input type="checkbox"/> Word of Mouth         |
| <input type="checkbox"/> Promise Jobs                           | <input type="checkbox"/> Other _____           |

## Which ethnic group(s) do you consider yourself: (select one or more)

- |  |   |
|--|---|
| <input type="checkbox"/> White                           | <input type="checkbox"/> Asian                          |
| <input type="checkbox"/> Black/African American          | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Hawaiian/Other Pacific Islander | <input type="checkbox"/> Hispanic/Latino                |

## Citizenship

Are you a citizen of the United States?  Yes  No

If no, what is your INS Alien Number? \_\_\_\_\_

If, no, are you authorized for employment?  Yes  No

Are you registered for selective service (if male, 18 years or older)  Yes  No

## Veteran Information

Are you a veteran, current, or former member of the U.S. Armed Forces?  Yes  No

Are you a spouse or a child of a veteran?  Yes  No

**Household Members:**

List everyone living in the same dwelling as you, or that you consider part of your family

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 SSN \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 SSN \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 SSN \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 SSN \_\_\_\_\_ Relationship \_\_\_\_\_

# of dependents under 18 \_\_\_\_\_

**Staff USE only: Family Size:** \_\_\_\_\_

**Public Assistance Information**

Are you or a member of a family receiving:

- Temporary Assistance to Needy Families (TANF)?  Yes  No
- General Assistance?  Yes  No
- Refugee Cash Assistance (RCA)?  Yes  No
- Supplemental Security Income (SSI)?  Yes  No  
 If yes, to SSI, what type of assistance?  Disability  Survivor
- Food Stamps?  Yes  No
- Have you received Food Stamps in the last 6 months?  Yes  No

**Income:** list all sources of gross income received from all household family members

Income source	Monthly amount	Recipient	6-month Income Received	12-month Income Received
Wage				
Wage				
Wage				
Grants/Scholarships				
Work Study				
SS Disability				
SS-Old age/Survivor				
Retirement/Pension				
Workman's Comp.				
Other – specify:				
FIP				
Food Stamps				

## Educational Deficiencies

Do you have limited English proficiencies because your native language is not English?  Yes  No

Are you unable to compute or solve math problems and/or read, write, or speak English?  Yes  No

## Employment Status

Which employment status describes you?  Employed  Unemployed

If employed, how many hours per week do you work? \_\_\_\_\_

Name & Title \_\_\_\_\_

If unemployed, what statement best describes your status?

- Collecting Unemployment Insurance
- Unemployment Insurance Benefits Exhausted
- Not Collecting Unemployment

## Work History

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Job Title \_\_\_\_\_

Months Experience \_\_\_\_\_

Hours per week \_\_\_\_\_ Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## Training Certificates

Have you taken the National Career Readiness Certification?  Yes  No

If yes, certificate level and date received \_\_\_\_\_

Other training/Certificates?  Yes  No

If yes, institution name and date received \_\_\_\_\_

## Education

What statement best describes your education status?

- Current Student - High School or less
- Student attending Post High School
- Out-of-school (High school dropout)
- Current Alternative School Student
- High School Graduate with NO employment difficulties
- How many years of education have you completed? \_\_\_\_\_ Last full grade? \_\_\_\_\_

School(s) attended and years attended:

School \_\_\_\_\_

Years \_\_\_\_\_

School \_\_\_\_\_

Years \_\_\_\_\_

School \_\_\_\_\_

Years \_\_\_\_\_

Current school attending \_\_\_\_\_

Do you plan to attend school?  Yes  No If yes, what date do you plan to start? \_\_\_\_\_

### Barrier Information

Are you or have you been in any stage of the criminal justice process?  Yes  No

If yes, describe the legal problem \_\_\_\_\_

Do you have any felony or misdemeanor arrests or convictions?  Yes  No

If yes, provide details regarding arrests & convictions \_\_\_\_\_

Are you under any court order?  Yes  No

If yes, describe the court order \_\_\_\_\_

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Homeless  | <input type="checkbox"/> High School Dropout        |
| <input type="checkbox"/> Foster Child  | <input type="checkbox"/> Runaway Youth              |
| <input type="checkbox"/> Pregnant or Parenting   | <input type="checkbox"/> Offender (youth or adult)  |
| <input type="checkbox"/> Poor Work History (includes lack of significant work history) | <input type="checkbox"/> Substance Abuse            |
| <input type="checkbox"/> Limited English Proficiency                                   | <input type="checkbox"/> Basic Skills Deficient     |
| <input type="checkbox"/> High School Graduate with Employment Difficulties             | <input type="checkbox"/> Migrant Youth              |
| <input type="checkbox"/> Lacking Occupation Goals & Skills                             | <input type="checkbox"/> Family Illiteracy Problems |
| <input type="checkbox"/> Domestic Violence   | <input type="checkbox"/> Local Barriers             |
| <input type="checkbox"/> Refugee   | <input type="checkbox"/> Native American            |
| <input type="checkbox"/> One or more grade level below appropriate age                 | <input type="checkbox"/> Disabled                   |
| <input type="checkbox"/> Chronic Health Conditions including Disabilities              |   |

### Signatures

**I certify that the information I have provided on this application is true to the best of my knowledge. I am also aware that the information I have provided may be reviewed and verified, and that I may have to provide documents to support this information. I allow release of this information for documentation purposes.**

**Further, I understand that this information will be used to determine my eligibility for programs. I am aware that I am subject to immediate termination and that I may be prosecuted for fraud and/or perjury if I am found ineligible after enrollment. Also, I authorize the use of my Social Security Number as an identifier for program administrative purposes.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

If dependent or minor:  Parent  Legal Guardian

**Parent/Legal Guardian of the above applicant: I certify by my signature below that the information provided is correct to the best of my knowledge and that, if accepted; my dependent may participate in the program.**

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

January 2018