

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)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| General Assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refugee Cash Assistance (RCA)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supplemental Security Income (SSI)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, to SSI, what type of assistance? | <input type="checkbox"/> Disability | <input type="checkbox"/> Survivor |
| Food Stamps? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you received Food Stamps in the last 6 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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