

Providing the following information will not exclude you from WIA Services.

1. Have you ever been arrested, charged, and convicted of a crime? ___ NO ___ YES. If yes, indicate date, location and disposition of case.
2. Do you have any legal or criminal issues at this time? ___ NO ___ YES. If yes, indicate date, location and disposition of case.
3. Can you pass a background check? ___ NO ___ YES ___ UNSURE
4. Do you have disabilities that may require accommodation for work and/or training? ___ NO ___ YES If yes, Describe disability and accomodation needed to assist you.
5. Do you have Veteran status? ___ NO ___ YES If yes, state date of service from: _____ to _____
Branch of Service: _____ Type of Discharge: _____

Provide names of two (2) people who will be able to reach you at all times.

(1) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____
PHONE #: _____

(2) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____
PHONE #: _____

CERTIFICATION: I understand that the information I provided in this application is confidential. I certify that the information is true and correct. Furthermore, i understand that such information is subject to verification, that misrepresentation of information shall be grounds for termination from WIA Services. Falsified information may also result in legal action to be taken against me to recover any monies paid to me as a participant of this program.

Signature of Participant

Date

Signature of W.I.A. Representative/Title

Date