

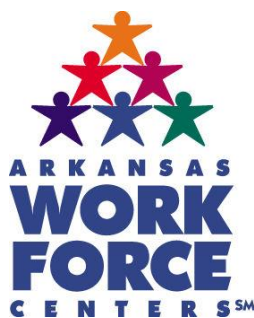
FILLING OUT THE PRE-APPRENTICESHIP APPLICATION

1. Page 1: **Work Force/WAPDD Application:**
 - a. Check off items that are being included with your application. (Include copies only)
 - b. **REQUIRED:** Picture school ID or driver's license or state ID or other government ID that has a picture.
 - c. **REQUIRED:** Social Security Card
 - d. Include other items on the list as applicable.
2. Pages 2-4: **FILL OUT COMPLETELY.** Every box should be checked. If a line item is not applicable put "N/A".
3. Page 5: **Release of Information, Acknowledgement and Consent:** Check each box, sign, and date the application. If you are under 18 years of age a guardian or parent must also sign and date the form.
4. **Workforce Consent and Release Form:** Print name and Date, Sign name and Date. If you are under 18 years of age a guardian or parent must also print their name and date and sign their name and date it.
5. **TANF Photo/Story/Video Release Form:** Print, sign, and date Participant line. If you are under 21 years of age your parent or guardian must also print, sign, and date the form.
6. **Male students 18 and older must be registered for the Selective Service.**

This can be done online at: [Register | Selective Service System: Selective Service System \(sss.gov\)](https://www.sss.gov/register) or <https://www.sss.gov/register>
7. Return the completed forms to your school Counselor as soon as possible.
8. A Career Advisor from WAPDD will be in touch with you once your application has been submitted.

If you have any questions, please contact:

Angie Oliver
Western Arkansas Planning and Development
District Fort Smith, AR
(479) 785-2651



Application – Youth Programs

Workforce Innovation and Opportunity Act (WIOA)

FORM WIOA I-B – 1.2

For Youth Programs

If you are age 14 - 24 and need help in learning skills that will help you obtain an appropriate education and employment, we may be able to help you. If you qualify, we offer assistance in getting a high school diploma (or equivalent) and in obtaining workplace and classroom training that leads to employment. If you are interested in such training, we invite you to complete the attached information and return it to:



1109 South 16th Street
Fort Smith, AR 72901

Email applications to aoliver@wapdd.org

Staff use only:

Is eligible for WIOA Title I-B

You may also call for an appointment at: **(479) 785-2651**

Yes _____ No _____

If you are 18 years old or older, you may also qualify for the Adult program. A case manager will help you determine which program (or both) best fits your educational and employment needs.

You will be asked to document certain information you provide on the application. We can help you obtain such information, if needed, but your application will be processed more quickly if you could bring the information with you. We suggest you bring the following documentation if applicable (alternate documentation can be arranged, if needed):

Drivers' license, passport, school ID, or other government-issued ID that has your picture

Signed Social Security card

U. S. birth certificate, if you have one (If you don't, there is other documentation we can use.)

If you are not a U. S. Citizen, a permanent resident card or other card stating authority to work in the United States

If you are a veteran, your DD-214

If you are a disabled veteran, widow or widower of a veteran or an "eligible spouse," bring VA documentation of your status if you have it

Selective Service registration card or letter, if applicable (We can obtain the information online, if needed.)

EXEMPT for selective service. Explanation: _____

Bring documentation of a disability, if you have one and there is documentation

If you are low-income, you may bring documentation, or we will help you obtain it. Low-income includes receiving cash public assistance (SNAP, TEA, Work Pays, or SSI), being homeless, qualifying for free or reduced lunches, or having a child who qualifies for free or reduced-price lunches. You may also qualify if you live in an area that has high poverty. If you do not meet any of these criteria, you may need documentation of the number of people in your household and the income of all individuals in the home. If you're not sure what to bring, we can help you after we talk with you.

Please see 'TANF Eligibility Summary Table' for additional information on program qualifications

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____ City : _____ Zip: _____

Physical Address: _____ City : _____ Zip: _____

Telephone _____ Cell Phone _____ Do you accept texts? Yes No

Message phone: _____ E-Mail Address: _____

Relative's Name: _____ Tele. # _____

Social Security Number (used for program performance purposes) _____ County: _____

Birthdate: _____ Age: _____ Sex (at birth): Male Female Prefer not to answer

Are you Hispanic or Latino? Yes No Prefer not to answer

What is your Race? (Select one or more):

White or Caucasian Asian or Asian American Black or African American

Hawaiian or Other Pacific Islander American Indian or Alaska Native

More than one race Prefer not to answer

Do you acknowledge a disability that substantially limits one or more major life activity? Yes No

If yes, do you need special accommodations for the disability? Yes No

If yes, what accommodations do you need? _____

Do you receive Social Security Disability Insurance? Yes No

Do you have trouble solving problems OR reading, writing, and speaking English at a level necessary to function on the job or at school? Yes No

Is English your primary language? Yes No

Do you live in a family or community where English is not the primary language spoken? Yes No

Are you registered with Selective Service? Yes No

Are you a U.S. Citizen? Yes No If no, are you a permanent resident alien? Yes No

If no for both, are you a lawfully admitted refugee, asylees, parolee, or other immigrant authorized to work in the United States? Yes No

Are you a veteran? Yes No Are you the spouse of a veteran? Yes No

Are you a widow or widower of a veteran? Yes No

Have you registered with Arkansas Job Link? Yes No

Are you an Arkansas Works referral from the state Medicaid expansion program? Yes No

(Arkansas Works is a Governor's initiative DHS program that refers DHS clients to DWS job service staff for employment assistance)

Have you been subject to any stage of the youth or adult criminal justice process for committing an offense or delinquent act, OR do you have trouble obtaining or keeping a job because of an arrest or conviction?

Yes No

EDUCATION

Do you currently attend school (including college or technical education)? Yes No

If so, where? _____

Are you working toward a GED? Yes No

Do you have a high school diploma or GED? Yes No

If yes, where? _____

If no, what is the highest grade you completed? _____

Do you have a college degree or certificate? Yes No

If yes, what is your highest degree or certificate? _____

What was your major? _____

Do you have college work toward an unfinished certificate? Yes No

If so, where? _____

Why did you stop? _____

WORK HISTORY (list current or most recent first. Please list dates as completely as possible.)

Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: Quit Laid off Moved from area Fired Other: _____		
Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: Quit Laid off Moved from area Fired Other: _____		
Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: Quit Laid off Moved from area Fired Other: _____		

Which best describes your current employment status? (Check all that apply)

Employed (working for wages, self-employed, or working 15+ hours per week unpaid in family business. "Employed" includes if you are away from job because of vacation, leave, etc.)

Part-time Full-time (PT is less than 30 hrs/wk or considered PT by your employer)

Self-employed

Employed, but received termination notice from employer/military

Not employed (not working, but available for work and looking for work)

Exhausted Unemployment Benefits, and don't have an appropriate job

Have been unemployed for 27 or more consecutive weeks, but have been looking for work and was available for work during the entire time

Not in labor force (not employed and have not actively been looking for work)

INCOME

Some of our services have income requirements. We, therefore, need the following information to help determine need for particular services:

Do you or a family member currently receive (or received in the last 6 months) any of the following (check all that apply):

SNAP

TEA

Work Pays

Supplemental Security Income (SSI)

Are you within 2 years of exhausting your life-time TEA eligibility? Yes No N/A

List all members who live in the household at any time in last 6 month, their relationship to you, and their sources of income for last 6 months:

Family is defined two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- A married couple and dependent children
- A parent or guardian and dependent children
- A married couple

Ask for the definition of a dependent child if needed

Name	Relationship to you	Age	All sources of Income
	Self		

(If needed, place information about additional household members on back or on additional pages)

Do you certify that the income sources above are all the sources of income for your family?

Yes No

If No, Explain: _____

Barriers to Employment (some barriers are included in the information already asked)

Check any of the following that you think may apply to you:

A homeless individual (lack a fixed, regular, and adequate nighttime residence)

A runaway (under the age of 18 and has left home without the permission of your parents/ guardians)

In foster care, aged out of foster care, or attained the age of 16 and left foster care for kinship guardianship or adoption or an out-of-home placement

Pregnant female or a parenting male or female (custodial or non-custodial)

If checked, are you single? Yes No

Face cultural barriers to employment because your beliefs, customs, or practices serve as a hindrance to employment

Release of Information Acknowledgement & Consent

I authorize The Western Arkansas Planning and Development District (WAPDD) , the local provider of WIOA Title I-B Youth program (hereafter called WIOA) to use the information in this application to help me reach my goals. I also authorize them to exchange pertinent personal information with other service providers as appropriate to help meet my needs and reach my goals. I understand that all exchanged information shall remain private and confidential in accordance with the confidentiality policies of each agency receiving or sharing information.

I authorize the Social Security Administration, the Arkansas Department of Workforce Services, the Arkansas Department of Human Services, the Arkansas Department of Career Services, the Arkansas Department of Higher Education, the Arkansas Department of Corrections, the local and state police and sheriff departments, appropriate WIOA One-Stop partners, employers (past and present), educational entities, and other appropriate entities to share with WIOA information that can help me establish eligibility for services, reach my goals, and document my successes. Information shared may include, but is not limited to, information that could help me become eligible for appropriate programs; assessments; benefits received from SNAP, TANF, Social Security, SSI, and/or Unemployment Insurance; grants, scholarships, and loans received for training; grades, attendance records, and credentials for training or work experiences provided by (or for which supportive services are provided by) WIOA, and other information that could help me meet my goals and document my outcomes.

I agree to hold harmless the Arkansas Workforce Center, the Local Workforce Development Board, WIOA, or entities releasing information to WIOA, for information released according to the confidentiality guidelines of such agencies.

I agree that a copy of this authorization may be used as an original.

This authorization shall continue for one (1) year from the date of exit from the WIOA program or until such time that WIOA is notified in writing by the applicant that the authorization is canceled.

I understand that submission of this application and/or eligibility determination does not guarantee enrollment.

I certify that I have read and fully understand all questions asked on this application, and that I should ask for clarifications if needed before I sign this application.

I certify this information to be true to the best of my knowledge, and there is no intent to commit fraud. I am aware that if I am found ineligible after starting the program, I will not be allowed to continue in the program. I am also aware that legal action may be taken against me if it is found that I knowingly provided false information or fraudulent documentation during the eligibility process.

Applicant's Signature

Date

Parent's Signature, if applicant is under 18 years old

Date

TANF Eligibility Summary Table	
Eligibility Item	Verification Sources
Citizenship	<ul style="list-style-type: none"> • SSN • Certificate of naturalization • Certificate of citizenship
Family Income	<ul style="list-style-type: none"> • Pay stubs • W2 forms • Latest tax return • Collateral contact with employer
Current Low-Income Determination	<ul style="list-style-type: none"> • SNAP • TEA • SSI • LIHEAP • Free/Reduced Lunch • Woman, infant, children (WIC) • Housing and Urban Development (HUD), Section 8 or Public Housing • Workforce Innovative Opportunity Act (WIOA)
Family Status	Birth certificate
Farmworker Status	<ul style="list-style-type: none"> • Paystubs • Latest federal tax return



Photo/Story/Video Release Form

I hereby grant the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program (TANF) permission to use my likeness in a photograph, written story, or video in any and all of its publications, including Web site entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program and will not be returned.

I hereby irrevocably authorize the above named agency(s) to edit, alter, copy, exhibit, publish or distribute this photo, story, or video for purposes of publicizing the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or story appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph, story, and/or video.

I hereby hold harmless and release and forever discharge the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program from all claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have, or may have, by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Typed Name of Participant)

(Signature of Participant / Date)

(Typed Name of Case Manager)

(Signature of Case Manager / Date)

(Typed Name of Local Office Manager)

(Signature of Local Office Manager / Date)

(Typed Name of Local Office)

(Participant's County)

If the participant signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Typed Name of Parent/Guardian)

(Signature of Parent/Guardian / Date)

TANF Funded Initiative Programs

Organization / Agency: _____

Typed Name of Contact: _____ Signature: _____

Geographic Area: _____

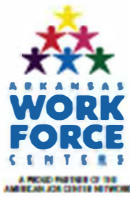
For example: Counties where TANF Funds successfully assisted the Program Initiative)



FOR CENTRAL OFFICE USE ONLY

Date Received: _____

Filed By: _____



Michael Preston
SECRETARY OF COMMERCE
Charisse Childers, Ph.D.
DIRECTOR,
DIVISION OF WORKFORCE SERVICES

Consent and Release Form

I hereby grant the Arkansas Division of Workforce Services (ADWS) permission to use my likeness, voice, and information in a photograph, video, audio recording, and print in any and all its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of ADWS and will not be returned.

I hereby irrevocably authorize the above-named agency to edit, alter, copy, exhibit, publish or distribute this photo or story for purposes of publicizing ADWS programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or story appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or story.

I hereby hold harmless and release and forever discharge ADWS from all claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Printed Name

Date

Signature

Date

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Printed Name

Date

Parent/Guardian's Signature

Date

Equal Opportunity Employer