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Application/Eligibility Form WIOA-Job Training Program

Applicant name:		Date of Applicant:	
Address:		County:	How long have you lived there?
Phone Number:		Date of Birth:	Social Security Number:
Email:	Tribal Affiliation:		Enrollment Number:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	
Highest School Grade Completed:		Currently in School?	If Yes, Where:
Do you have: GED/HSED <input type="checkbox"/> HS Diploma <input type="checkbox"/> College Degree <input type="checkbox"/>		Do you have a valid driver's license?	
Do you own a vehicle?	How many people live in the household?	Veteran Status:	
Are you a convicted felon?		If yes, what year:	
Other criminal convictions?		If yes, what year:	
If you answered "YES", does it stop you from getting a job?		Getting a better job?	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If not, when was the last date you worked?	
Do you provide more than 50% towards the support of any person other than yourself? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you receive more than 50% of our support from family members living with you? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you been in a Job Training Program?		If yes, when?	
Do you consider yourself: Unemployed <input type="checkbox"/> Under employed <input type="checkbox"/>			

Below list all the jobs you have held over the last 12 months. List your current, or most recent, employer first. Please provide ALL information as completely and accurately as possible.

Employer Name and Address	Hours worked/week	Pay Rate/Hour	Date Started	Date left	Reason for leaving

Do you, or any members of your immediate family, receive any of the following?

W-2 or TANF	Y N	Food Share or Food Distribution	Y N
Supplemental Security Income (SSI)	Y N	Unemployment Benefits	Y N
Badger Care	Y N	Workers Compensation/Unemployment	Y N

In the past year have you received, or applied for any services from any Tribal, County, of State funded program not listed above? IE VR, Rehab, Housing Assistance, etc. If yes, enter the information below.

Name of Program/Agency	Types of Services Applied for:	Program Contact Person

Household income: list yourself, and if married, your spouse. Only include other family members if you provide more than 50% of their support, or if you receive more than 50% of your support from them.

Family Member Name	Relationship	Income in the last 12 months	Source of listed income (wages, per capita, etc..)

Are you related to any staff person working in the WIOA (Workforce Innovation Opportunities Act) Employment and Training Program? If yes, what is the name of that staff person? _____

CERTIFICATION: I certify that I have reviewed the application and the information provided is, to the best of my knowledge, true and accurate. I am aware the information I have provided is subject to review and verification and I must provide verification documentation, when requested, to support the above information. I understand that refusal to provide requested documentation will result in denial of services and termination from the program. I am further aware that I am subject to immediate termination if I am found to have knowingly provided false information that has led to the expenditure of funds for direct services to me, or in my behalf and that all legal means available may be utilized to recover those costs from me. I understand that the Personal Identifiable information used on this application is used only for program use.

Print Name of Applicant _____ Date _____

Applicant Signature _____ Date _____