



Spotted Eagle, Inc.

Application For WIOA Employment and Training Program

Applicant Information

Full Name:			Birth Date: / /		
<i>First</i>	<i>Last</i>	<i>M.I.</i>			
Address:					
<i>Street Address</i>				<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>		<i>ZIP Code</i>	
Primary Phone: ()			E-mail Address:		
Alternate Phone: ()			Social Security Number: - -		

Are you Native American, Alaska Native or Hawaiian? <table style="float:right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	Tribal Affiliation:
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
Are you a U.S. Citizen? <table style="float:right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	If no, please explain:
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
Are you a military veteran or spouse of a veteran? <table style="float:right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	Dates of Service:
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
Have you ever been convicted of a felony? <table style="float:right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
Are you registered with selective service? (Males Only) <table style="float:right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	Registration Number:
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				

How did you find out about Spotted Eagle?

What is your marital status?

What is the highest level of education you have completed?

Please list any schools or training programs you are currently attending: _____

What is your current employment status?

<input type="checkbox"/> Unemployed	If yes, do you receive unemployment income?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> Recipient of a Layoff Notice			
<input type="checkbox"/> Employed Part-Time, Seeking Full-Time Employment	Wage:	# of hours per week:	
<input type="checkbox"/> Employed Full-Time	Wage:	Name of Employer:	

Household Information

Are you the recipient of Public Assistance? (check all that apply)

- W-2 / Wisconsin Works
- Supplemental Security Income / Disability
- Food Share
- Other Public Assistance Please Describe: _____

How many people live in your household (including yourself)? _____

Please List Household Income Information (List yourself and all members of your household)

NAME	RELATIONSHIP	LAST 6 MONTHS	12 MONTHS
	Self	\$	\$
		TOTAL:	TOTAL:

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household Poverty guidelines.

- 1 \$12,760
- 2 17,240
- 3 21,720
- 4 26,200
- 5 30,680
- 6 35,160
- 7 39,640
- 8 44,120

For families/households with more than 8 persons, add \$4,480 for each additional person.

Personal Reference

Please provide a personal reference whom we may contact should we be unable to reach you:

Full Name: _____ Relationship: _____

E-Mail: _____ Phone: () _____

Address: _____

Certification

I certify that the information contained on this application is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification and I may have to provide documents to support this application.

I allow the release of this information for verification purposes and I understand that it will be used to determine my eligibility. If accepted, I agree to abide by all rules, regulations and procedures of the SEI, Employment and Training Program.

Applicant Signature: _____ **Date:** _____

Case Manager Signature _____ **Date:** _____