WIOA Adult Application Questions (**all items must be completed by trainee**)

Contact Information

1. First name
2. Middle Initial
3. Last Name
4. SSN

Current Address

1. Address 1
2. City
3. State
4. County/Parish
5. Zip Code
6. Country
7. Primary Phone Number
8. Primary Phone Type

Demographic Information

1. Date of Birth
2. Gender
3. Race- Ethnicity
* African American/Black
* American Indian/Alaskan Native
* Asian
* Hawaiian/Other Pacific Islander
* White
* I do not wish to answer
1. Considered to have a disability
* Yes
* No
1. No. in family
2. Yearly family income

Veteran Information

1. Eligible Veteran Status
* Served on active duty over 180 days
* Have a service connected disability Yes No Pct if Y \_\_\_\_\_\_\_

Branch of military \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Service (M/D/Y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Information

1. Current Highest School Grade Completed