



### Participant Information

Eastern Iowa Community Colleges and IowaWORKS appreciate your cooperation in providing the following information which is REQUIRED in order to meet state and federal reporting requirements. **These items remain confidential.** (Please Print Legibly).

Last Name		First Name		MI
Social Security #		Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	State	ZIP
Home Phone ( ) -	Cell/Other Phone ( ) -	E-mail Address		
Are you able to work in the U.S.? NO <input type="checkbox"/> YES <input type="checkbox"/>		Are you registered with Selective Service? NO <input type="checkbox"/> YES <input type="checkbox"/>		
What training are you interested/enrolled in?		Is your goal to receive <input type="checkbox"/> HSE <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree		
Why are you interested in pursuing training?				
Racial/Ethnic Heritage (Optional): <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				

### Education

Have you received your high school diploma or high school equivalency test? NO  YES  Date received: \_\_\_\_\_

Have you attended college or training programs? NO  YES  If yes, please complete the following information:

Institution Name/Location	Dates attended	Major area of study	Degree or Certificate	Date earned or anticipated

### Employment

Please list all jobs, activities, and other experiences including volunteer work, part time employment, military service, and self employment for the past 10 years, beginning with your most recent position first. (You may attach additional sheets of paper.)

Employer (present or most recent)		Employer phone number	Address	
Job Title	Supervisor Name/Title	Start date	End date	
Description of duties			Pay _____ per _____	
			Reason for leaving	

Employer		Employer phone number	Address	
Job Title	Supervisor Name/Title	Start date	End date	
Description of duties			Pay _____ per _____	
			Reason for leaving	

**Do you need financial assistance for training? If yes, please complete the following:**

Are you currently employed? NO  YES  Are you currently receiving unemployment insurance? NO  YES

Are you an eligible U.S. veteran? NO  YES

*EICC and IowaWORKS honors priority of service to veterans as specified in 20 CFR (1010). An eligible veteran is an individual who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable, as specified in 38 U.S.C. 101(2). Active service includes full-time Federal service in the National Guard or a Reserve Component. OR An individual who is: a) the spouse of any veteran who died of a service-connected disability; b) the spouse of any member of the Armed Forces serving on active duty, who at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days: i) missing in action; ii) captured in the line of duty by a hostile force; or iii) forcibly detained or interned in the line of duty by a foreign government or power; c) the spouse of any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs; or d) the spouse of a veteran who died while a disability so evaluated was in existence.*

Are you considered disabled per the ADA (Americans with Disabilities Act of 1990)? NO  YES

After completing the FAFSA were you determined eligible to receive Pell Grant assistance? NO  YES  NOT SURE

Total number in household: _____	Are you the primary provider for the individuals in your household? NO <input type="checkbox"/> YES <input type="checkbox"/>
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Gross family income from the past six months. Documentation will be required to determine eligibility for assistance at eligibility appointment:  
\$ \_\_\_\_\_

Please check any financial assistance that you currently receive. Documentation will be required.

<input type="checkbox"/> Title 19 Medical Assistance	<input type="checkbox"/> Family or Individual in household receiving food stamps
<input type="checkbox"/> WIC	<input type="checkbox"/> Children in household receive free or reduced school lunches

**Participant Signature**

I, \_\_\_\_\_ (print name), authorize Eastern Iowa Community Colleges to release personal identification information as well as information relative to testing and courses, including but not limited to attendance, academic progress, and grades, to IowaWORKS personnel, and the Iowa Department of Education. This information will be made available to Iowa Department of Education staff, and IowaWORKS staff only for courses which they are supporting. I give Eastern Iowa Community Colleges, IowaWORKS, and the Iowa Department of Education permission to use photos of me during this training for future publicity use. I certify that my answers are true and complete to the best of my knowledge.

I understand that my application will be reviewed to determine whether or not I am eligible for assistance from multiple programs. This may include a committee review that will include representatives from IowaWORKS, Eastern Iowa Community Colleges, and Vocational Rehabilitation. My signature below indicates that I am aware of this and approve of this process as a requirement for assistance with training and other individual career services.

I understand that Eastern Iowa Community Colleges endorses the principle of equal educational opportunities for all people regardless of race, color, creed, marital status, national origin, sex, sexual orientation, religion, ancestry, age, or non-job related handicap or disability in the educational programs or activities it operates. Persons having inquiries concerning the colleges accommodation for or compliance with Title VI, Title IX, Section 504, the American Disabilities Act and the Age Discrimination Act may contact Affirmation Action Officer, 306 West River Drive, Davenport, IA 52801-1221 or call (563) 336-3300.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR APPLICANTS UNDER THE AGE OF EIGHTEEN (18):**  
As the Parent/Legal Guardian of the above applicant, I certify by my signature below that the information provided is correct to the best of my knowledge and that, if accepted my dependent may participate in the WIOA Youth Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_