

# WorkOne Registration Information (WIOA)

First Name: _____ Last Name: _____ MI: _____		
Street Address: _____ Apt. #: _____ County: _____		
City: _____ State: _____ Zip: _____		
Email: _____		Phone: (____) _____
Preferred Password for Indiana Career Connect: _____ <i>Must have one uppercase, one lowercase, one number, one special character and be at least 8 characters long</i>		
Social Security Number: _____ - _____ - _____		Date of Birth: _____ Age: _____
Alternate Contacts: someone who would have your updated contact information if it should change		
Name: _____ Relationship: _____ Phone #: _____		
Name: _____ Relationship: _____ Phone #: _____		
Household – <input type="checkbox"/> I do not live with anyone related by blood or marriage <input type="checkbox"/> Spouse		
I live in a home with: <input type="checkbox"/> Parent(s) Number: _____ <input type="checkbox"/> Siblings- Number: _____ <input type="checkbox"/> Children- Number: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Ethnic Hispanic or Latino <input type="checkbox"/> White	
	Seasonal Migrant Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident	
Are you of Hispanic or Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer		
Do you have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type: <input type="checkbox"/> Physical <input type="checkbox"/> Mobility <input type="checkbox"/> Mental/Psychiatric <input type="checkbox"/> Prefer not to identify		
Your Highest Education Level:		
<input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency Diploma (GED) <input type="checkbox"/> Certificate of Attendance/Completion		
<input type="checkbox"/> College/ Technical /Vocational School, Years completed: _____ <input type="checkbox"/> Vocational School Certificate: _____		
<input type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> Degree Beyond Bachelor's <input type="checkbox"/> No Diploma- highest grade completed: _____ (grade 1 – 12)		
Please provide answers to the following questions if any apply within the last 6 months		
Has your household received Temporary Assistance for Needy Families (TANF) payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been determined eligible for or received SNAP <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Employment Status: <input type="checkbox"/> Working Full-time <input type="checkbox"/> Working Part-time <input type="checkbox"/> Not Working <input type="checkbox"/> Never Worked <input type="checkbox"/> Other		
Are you receiving Unemployment Insurance? <input type="checkbox"/> Yes, Claimant <input type="checkbox"/> No <input type="checkbox"/> Yes- but Exhausted Claim		
Have you been referred to RESEA <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mark any/all that apply:		
<input type="checkbox"/> unemployed 27 or more consecutive weeks <input type="checkbox"/> Older Individual (55yrs.+) <input type="checkbox"/> Single Parent <input type="checkbox"/> Homeless <input type="checkbox"/> Background issues (criminal) <input type="checkbox"/> Lack Transportation <input type="checkbox"/> Without Health Care benefits <input type="checkbox"/> Physical Limitations: _____		
Employment Information:		
Last/ Current Employer: _____		City: _____
Start Date: _____	End Date: _____	Reason: <input type="checkbox"/> Terminated <input type="checkbox"/> Quit <input type="checkbox"/> Laid-Off
Job Title: _____		Rate of Pay: _____
Full Time <input type="checkbox"/> Yes, Avg. # of hours/week: _____		Part-Time: <input type="checkbox"/> Yes, Avg. # of hours/week: _____

**\*\*Are you in the military, a veteran, or the spouse of a veteran?**  Yes  No  
(If yes, Please complete the Military/Veteran Attachment questions on a provided page)