

# Mediated Services & WIOA Pre-Registration



Social Security Number: \_\_\_\_\_

Selective Service Registered:  Yes  No

## CONTACT

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_

\*Zip-Code: \_\_\_\_\_ \*County: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

## PERSONAL

\*Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Citizen:  Yes  No \*Gender:  Male  Female  Choose not to Self-Identify

Preferred Language:  Arabic  Chinese  English  French Creole  French  German  
 Korean  Portuguese  Russian  Serbeo-Croatian  Spanish  Vietnamese  Other

\*Ethnicity- Are you Hispanic of Latino?  Yes  No  Choose not to Self-identify

\*Race (check all that apply):  Black/African American  Asian  American Indian/Alaskan  
 Hawaiian or Pacific Islander  White  Choose not to Self-identify

## EDUCATION

\*Education: \*Are you attending school? (Please check the most appropriate answer)

- |  |  |
|--|--|
| <input type="checkbox"/> In School, Post High School   | <input type="checkbox"/> Not Attending School or High School Drop Out                        |
| <input type="checkbox"/> In School, Alternative School | <input type="checkbox"/> Not Attending School; High School Graduate or Recognized Equivalent |
| <input type="checkbox"/> In School, Secondary or Less  | <input type="checkbox"/> Not Attending School; Within Age of Compulsory School Attendance    |

\*Highest Education Level Completed (Please check the most appropriate answer)

- |  |  |
|--|--|
| <input type="checkbox"/> No Formal Education | <input type="checkbox"/> Eleventh Grade                                    |
| <input type="checkbox"/> First Grade         | <input type="checkbox"/> Twelfth Grade                                     |
| <input type="checkbox"/> Second Grade        | <input type="checkbox"/> High School Graduate                              |
| <input type="checkbox"/> Third Grade         | <input type="checkbox"/> Certificate of Equivalency (GED)                  |
| <input type="checkbox"/> Fourth Grade        | <input type="checkbox"/> One Year Post High School                         |
| <input type="checkbox"/> Fifth Grade         | <input type="checkbox"/> Two Years Post High School                        |
| <input type="checkbox"/> Sixth Grade         | <input type="checkbox"/> Three Years Post High School                      |
| <input type="checkbox"/> Seventh Grade       | <input type="checkbox"/> Bachelor's Degree                                 |
| <input type="checkbox"/> Eighth Grade        | <input type="checkbox"/> Education Post Bachelor's Degree                  |
| <input type="checkbox"/> Ninth Grade         | <input type="checkbox"/> Attained Other Post- Secondary Degree/Certificate |
| <input type="checkbox"/> Tenth Grade         | <input type="checkbox"/> Attained Associates Diploma or Degree             |

## EMPLOYMENT/ECONOMIC STATUS

\*Are you currently employed?

- Employed  Not Employed  
 Employed but received notice of termination of Military Separation

Have you applied for Unemployment within the last 30 – Days?  Yes  No  
Were you laid off or terminated from your last job?  Yes  No

Barriers to Employment: (Select only if applicable)

- |   |  |   |
|---|--|---|
| English Language Learner: <input type="checkbox"/> Yes  | Cultural Barriers: <input type="checkbox"/> Yes          | Single Parent: <input type="checkbox"/> Yes |
| Displaced Homemaker: <input type="checkbox"/> Yes       | Current/Prior Foster Child: <input type="checkbox"/> Yes | Homeless: <input type="checkbox"/> Yes      |
| Vocational Rehabilitation: <input type="checkbox"/> Yes | Runaway Youth: <input type="checkbox"/> Yes              | Offender: <input type="checkbox"/> Yes      |

Equal Opportunity Employer/Program  
Auxiliary Aides and services Available upon request to individuals with disabilities

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## EMPLOYMENT/ECONOMIC STATUS

**\*Are you currently collecting unemployment benefits?**

- |  |  |
|--|--|
| <input type="checkbox"/> Claimant Referred by RESEA<br><input type="checkbox"/> Exhaustee<br><input type="checkbox"/> Neither Claimant nor Exhaustee | <input type="checkbox"/> Claimant Not Referred by RESEA<br><input type="checkbox"/> Claimant is Exempt |
|--|--|

**Are you a Migrant Worker?**

- |   |   |
|---|---|
| <input type="checkbox"/> Not a Migrant/Seasonal Farm Worker<br><input type="checkbox"/> Seasonal Farmworker | <input type="checkbox"/> Migrant Farmworker |
|---|---|

**Other: (Check Yes or No)**

Receiving CASH Assistance?    Yes                       No                      Receiving Food Assistance (SNAP)?    Yes                       No

**Employment History:**

Name of Most Recent Employer: \_\_\_\_\_  
 Name of Most Recent Job Title: \_\_\_\_\_

**\*Disability Status: \*Do you have a physical or mental impairment that substantially limits one or more of your major life activities?**

- Yes     No     Choose not to Self-Identify

## VETERAN

**\*Military Veteran:**  Yes    No                      **Eligible Spouse of Military Veteran:**  Yes    No

**Military Branch of Service:**    Navy     Army     Air Force     Marine     Coast Guard

**Entry Date:** \_\_\_\_\_                      **Exit Date:** \_\_\_\_\_

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Did you receive a Dishonorable Discharge?:    <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• Discharged/Release-Service Connected Disability:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• Serious Employment Handicap: (Less than 30%)   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• TAP Workshop within last 3 years?                      <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul> | <ul style="list-style-type: none"> <li>• Campaign Veteran:                      <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• Claim Veteran Preference:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li style="padding-left: 40px;">Disability Percent: _____%</li> </ul> |
|---|---|

**I Certify that the information above is true and accurate to the best of my knowledge.**

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

Applicant Printed Name: \_\_\_\_\_

Reviewed By Initials (OCMW Staff Only): \_\_\_\_\_                      Date: \_\_\_\_\_

Oakland County Michigan Works! is an equal opportunity employment service. Services, programs or activities funded by the Michigan Works! Agency does not discriminate on the basis of sex, race, color, age, height, weight, marital status, national origin, religion, political affiliation or disability. Auxiliary aides and services are available upon request for individuals with disabilities. Michigan Law requires reasonable accommodation to handicapped applicants and employees where accommodation does not impose an undue hardship. Applicants and employees may request an accommodation of their handicap by notifying the Michigan Works! Agency in writing of the need for accommodation within 182 days of the date the individual knows or should know that accommodation is needed.