

Instructions: Please print. All items indicated by an asterisk (*) require supporting documentation.

1 * Applicant Name →		2 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	14 For Staff Use Only Eligibility Determination
3 Social Security Number →	4 *Date of Birth → mm/dd/yyyy		<input type="checkbox"/> Approved Child/Youth (Age 16-24)
5 Address (Street, Apt, Suite) →			<input type="checkbox"/> Approved Adult (Child 18 or under in home)
City, ST Zip →			Gross Mo. Income \$ _____
6 Primary Phone Number →	Alternate Phone Number →		<input type="checkbox"/> Denied (check reason) ___ Ineligible family composition ___ Ineligible non-citizen ___ Income Ineligible ___ Not a KY Resident ___ SSN not provided (If denied, provide applicant signed copy of 2-page application with reason for denial.)
*Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible non-citizen, Reg. # _____ & Exp. Date _____ <input type="checkbox"/> Ineligible non-citizen	7 *Do you receive K-TAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	11	
Do you live in Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No	8 How verified: _____ Case name: _____ Case number: _____		
Race: <input type="checkbox"/> Alaskan or American Indian, <input type="checkbox"/> Asian, <input type="checkbox"/> Black or African American, <input type="checkbox"/> Hawaiian or Pacific Islander, <input type="checkbox"/> White	9 *Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	12	
Ethnicity: <input type="checkbox"/> None Selected <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	10 How verified: _____ Case name: _____ Case number: _____		
			First Line Signature _____ Date _____
			Supervisor Signature _____ Date _____

Provide information for all family members living with you and list gross income from all jobs or self employment.

13 Name (First, M.I., last)	Relation to you (Parent, Child or Other Relative)	SSN	Date of Birth	*Employer(s) Name	*Prior Calendar Month Wages
Applicant	Self				

Application for WorkNow Kentucky, Continued

I understand that the Social Security Act requires that all recipients of a benefit funded by a program authorized by 42 U.S.C. 601 through 619 to furnish and be identified by a social security number and if I refuse to furnish a number I cannot receive services. I understand that my social security number will be used for various state and federal matches through the Income and Eligibility Verification System (IEVS). These matches include, but are not limited to Social Security, IRS, SSI, wage records, unemployment insurance, and other matches provided under the authority of IEVS. This information may be verified through collateral contact when discrepancies are found. Information provided under IEVS, after verification, may affect eligibility for benefits. This information will be disclosed to other agencies only as permitted by law.

I declare that I am a US citizen or have been admitted under an approved alien status.

I understand the WorkNow Kentucky Program is temporary and will end when ARRA TANF Emergency funds are no longer available for the program.

I understand that the service I perform is in a work-relief or work-training program financed in whole or part by federal, state or local government funding and is non-covered employment that is not reportable for Kentucky Unemployment Insurance tax purposes.

I understand if I receive food benefits, K-TAP, or Medicaid I must follow the reporting requirements of those programs and contact my worker at the Department for Community Based Services. My receipt of subsidized wages may decrease benefits I receive. I understand I need to direct my questions to my worker at the Department for Community Based Services.

I understand if I give false information or withhold information I may be subject to prosecution and may be required to repay benefits.

I understand if I have a problem related to my participation with this program I have the right to file a grievance with _____ . I have received a copy of the grievance process.

I certify, under penalty of perjury, the information, including citizenship or alien status, provided by me on this application is correct and true to the best of my knowledge. I give my consent to _____, the Office of Employment and Training, and the Department for Community Based Services, to make any contacts necessary to verify information provided by me on this application.

Applicant Signature _____ Today's Date _____

Witness _____ Today's Date _____

All applications for benefits are considered without regard to race, color, sex, disability, religious creed, national origin, or political belief.

County _____ Disability Status: Not disabled Disabled Not specified

EMPLOYMENT/ED INFO: Current Status: Employed Employed, but received notice of termination or separation Not Employed

CURRENT SCHOOL STATUS: In-school, HS or less In alternative school In post-secondary school Not attending school or H.S Dropout
 Not attending school/H.S. Graduate Highest level or Education _____

VETERAN INFO: Are you a military service veteran? No Yes If yes, provide Active Duty service dates from: _____ to: _____
mm/dd/yyyy mm/dd/yyyy

Are you a transitioning military service member? No Yes If yes, choose type: Discharge Retirement
Do you have military service connected disability? Yes No If yes, what percent (%)? _____

EMPLOYMENT HISTORY (MOST RECENT): Employer Name: _____ St. Address: _____

City: _____ State: _____ Zip: _____ Country: _____ Job Title: _____

Start date: _____ End date: _____ Wage: \$ _____ per _____ (hrs., wk., etc) Reason for Leaving: _____

Job duties _____

EMPLOYMENT HISTORY (OTHER JOB): Employer Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Country: _____ Job Title: _____

Start date: _____ End date: _____ Wage: \$ _____ per _____ (hrs., wk., etc) Reason for Leaving: _____

Job duties _____

WHAT IS YOUR JOB OBJECTIVE? Example: (Seeking a position as a forklift operator). _____

List your job skills or abilities: _____

EDUCATION HISTORY: Type of Education/Degree: _____ Course of Study/Major: _____
Issuing Institution: _____ State: _____ Country: _____

LICENSE/CERTIFICATIONS Do you have a valid driver's license Yes Name Issuing State: _____ What class is your license: Class A/CDL Class B/CDL Class
C/CDL Class D (Regular Operator) Motorcycle Check type endorsements: Passenger Bus Hazmat Tank Air Brakes Doubles/Triples Tank Hazmat

Do you have a certificate or occupational license? Yes No If yes, Name of Issuing Organization _____ State _____

DESIRED OCCUPATION/EMPLOYMENT PREFERENCES: What is your desired job title? _____ If you do not know the job title, describe your
desired job duties. _____ How much experience do you have for your desired occupation? _____ Years _____ Months

Minimum acceptable wage: _____ Per pay unit: _____ Seeking work within _____ miles of _____ zip code, or desired state(s) _____

Shift preference: 1st 2nd 3rd split rotating

CONFIDENTIALITY: Do you want your resume listed in America's Job Exchange? Yes No When your resume is listed in America's Job Exchange, do you prefer that your name,
address, etc. remain confidential during the employer browse process? Yes No Initials _____ If yes, please provide e-mail address _____

CONTACT PREFERENCES: How do you want to be contacted about job openings? US Mail Primary phone E-mail

I voluntarily give my informed consent for the information I provide to be entered into the computerized Employ Kentucky system. I authorize release of information to the Department for Workforce
Investment, its agents, contractors or partners, should I seek educational, training and/or employment services from these entities. The information required to provide such services will be shared
only with authorized personnel.

Signature _____ Date _____