Application - Economic Development Administration Funded Program
Actualizing BioHealth Career Pathways

Employ Milwaukee is required to ask all program applicants to respond to the questions on this form. While some questions may feel personal in nature, your responses help us serve you effectively. Your personal information and records are kept secure in accordance with federal regulations.

Section 1: Customer Information							
Last Name		**First Name**		**Middle Initial**		**Date of Birth**	

Are you eligible to work in the United States?

☐ US Citizen. Social Security Number: _____

☐ Otherwise legally authorized to work in the US. Work Authorization Expiration Date: _____

☐ Neither of the above.

Section 2: Family Benefits Information
Please answer the below if your family is receiving or has received any of the below assistance within the last 6 months.

Services or cash assistance from a W-2 agency?	☐Currently ☐ Past 6 months (Not Currently) ☐ No
Are you within 2 years of exhausting the lifetime eligibility from W-2?	☐Yes ☐ No ☐N/A (Never received W2 or have already exhausted lifetime eligibility)
Assistance through SNAP (FoodShare)?	☐Currently ☐ Past 6 months (Not Currently) ☐ No

Other public or cash assistance or support services from General Assistance (GA) or Refugee Cash Assistance (RCA)?

☐ Yes ☐No ☐ Prefer not to disclose.

Section 3: Additional Characteristics

Have you been subject to some stage of the criminal justice process for committing a status offense or delinquent act? OR Do you need assistance overcoming barriers to employment resulting from an arrest or conviction record?

☐ Yes ☐ No ☐ Prefer not to disclose.

Have you been any of the following in the last 12 months?

☐ Seasonal Farmworker ☐ Adult Dependent of MSFW ☐ Migrant or Seasonal Farmworker (MSFW) Youth (Aged 14-24)
☐ Migrant Farmworker ☐ Youth Dependent of MSFW ☐None of these

Are you currently enrolled in a Registered Apprenticeship Program?	☐ Yes ☐ No

What is your current Unemployment Insurance (UI) status?

☐ I am filing for unemployment benefits and was referred here by the state's ☐ RESEA program ☐ WPRS System. [UI Claimant Referred]
☐ I amfiling for unemployment benefits but was NOT referred here by Unemployment. [UI Claimant not Referred by RESEA or WPRS]
☐ I have exhausted my unemployment benefits. [Exhaustee]
☐ I am filing for unemployment benefits but do not have to perform work search to keep UI benefits. [Exempt Claimant]
☐ I am not receiving unemployment and have not exhausted my unemployment benefits. [Neither Claimant nor Exhaustee]

Cultural Barriers: Do you perceive yourself as having attitudes, beliefs, customs or practices that may serve as a hindrance to employment?	☐ Yes ☐ No ☐ Prefer not to disclose

Check any of the following that apply to you?

☐ I lack a fixed, regular, and adequate nighttime residence.
☐ My primary nighttime residence is a place not designed for regular sleeping accommodation for human beings.
☐ I am a child who has moved in the last 36 months with a parent or spouse who is a migratory worker or fisher.
☐ I am under 18 years old and have left my home or place of legal residence without the permission of my family (Runaway).

Displaced Homemaker: Have you been doing unpaid work in the home, are unemployed or underemployed and having trouble obtaining or upgrading employment, AND meet one of the following conditions?	
☐ **Condition 1:** Have been dependent on the income of another family member but am no longer supported by that income ☐ **Condition 2:** Dependent spouse of an active duty member of the U.S. Armed Forces whose family income has been significantly reduced because of the service member's deployment, call/order to active duty, permanent change of station, or service-connected death or disability	
Are you an underemployed worker? (Employed but are not currently connected to a full-time job that is commensurate with their level of education, skills, or with a wage and/or salary they earned previously, or who have obtained only episodic, short-term, or part-time employment). *(Participants funded by H1B grants must answer Yes or No, they may not choose N/A.)*	☐ Yes ☐No ☐N/A
Are you an Incumbent worker? (An individual who is already employed, at program enrollment, but who need training to upgrade their skills to secure full-time employment, advance in their careers, or retain their current position. *(Participants funded by H1B grants must answer Yes or No, they may not choose N/A.)*	☐ Yes ☐No ☐N/A

Section 4: Employment History

Please complete this information for all employment that you have had in the last 6 months. If you require additional sheets of paper, please notify a staff person.

CURRENT/MOST RECENT JOB

Employer Name				Employer Location (City, State)	
Job Title				Pay	$_____per_____(hour/week/month/year)
Start Date		End Date	☐ N/A	Additional Compensation? (Tips, Commission, Piecework, Room/Board)	
Is this a temporary job (no more than 30 days)?	☐ Yes ☐ No			Estimated Hours/Week	
Is this job a federal job?	☐ Yes ☐ No			Reason for Leaving	☐ Business Closed ☐ Laid Off ☐ Quit ☐ Terminated ☐ Other: _____
Is this employer a federal contractor?	☐ Yes ☐ No			☐ **Still Employed**	

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, at no cost to you please contact Carrie Hersh, Equal Opportunity Officer, at (414) 270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414) 270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414) 270-1726** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414) 270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

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SECOND CURRENT/MOST RECENT JOB							
Employer Name				Employer Location (City, State)			
Job Title				Pay	$_____per_____(hour/week/month/year)		
Start Date		End Date	☐ N/A	Additional Compensation? (Tips, Commission, Piecework, Room/Board)			
Is this a temporary job (no more than 30 days)?		☐ Yes ☐ No		Estimated Hours/Week			
Is this job a federal job?		☐ Yes ☐ No		Reason for Leaving	☐ Business Closed ☐ Laid Off ☐ Quit ☐ Terminated ☐ Other: _____		
Is this employer a federal contractor?		☐ Yes ☐ No		☐ **Still Employed**			

I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that providing false or incomplete information during the application process could lead to termination from the program and/or penalties as specified by law. By signing below, I attest to the accuracy of this completed form.

Section 5: Signature			
Applicant Signature		Date Signed	

Form Date: 08.24.26