



## Application DOL-Funded Program

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
<b>Sexual Orientation</b>			
<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Participant did not self-identify			
<input type="checkbox"/> Gay, Lesbian, or Homosexual <input type="checkbox"/> Another sexual orientation			
<b>Are you eligible to work in the United States?</b>			
<input type="checkbox"/> US Citizen. Social Security Number: _____			
<input type="checkbox"/> Otherwise legally authorized to work in the US. Work Authorization Expiration Date: _____			
<input type="checkbox"/> Neither of the above.			
The United States Department of Labor requires that we advise you of the following regarding this request for your Social Security Number. We are authorized to collect your SSN by the Workforce Innovation and Opportunity Act of 2014. Your SSN will be used to collect quarterly wage to assess outcomes of the program. Your disclosure of your SSN is voluntary. We cannot deny you access to all services if the SSN is not provided, but we must verify your eligibility to work in the United States in order to provide some services.			

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.	
<b>Services or cash assistance from a W-2 agency?</b>	<input type="checkbox"/> Currently <input type="checkbox"/> Past 6 months (Not Currently) <input type="checkbox"/> No
<b>Are you within 2 years of exhausting the lifetime eligibility from W-2?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Never received W2 or have already exhausted lifetime eligibility)
<b>Assistance through SNAP (FoodShare)?</b>	<input type="checkbox"/> Currently <input type="checkbox"/> Past 6 months (Not Currently) <input type="checkbox"/> No
<b>Other public or cash assistance or support services from General Assistance (GA) or Refugee Cash Assistance (RCA)?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.	

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, please contact Carrie Hersh, Equal Opportunity Officer, at 414-270-1726 or [Carrie.Hersh@EmployMilwaukee.org](mailto: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.

<b>Section 3: Additional Characteristics</b>			
<b>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?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.			
<b>Have you been any of the following in the last 12 months?</b>			
<input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Migrant or Seasonal Farmworker (MSFW) Youth (Aged 14-24) <input type="checkbox"/> Adult Dependent of MSFW <input type="checkbox"/> Youth Dependent of MSFW <input type="checkbox"/> None of the above.			
<b>Are you currently enrolled in a Registered Apprenticeship Program?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What is your current Unemployment Insurance (UI) status?</b>			
<input type="checkbox"/> I am filing for unemployment benefits and was referred here by the state's <input type="checkbox"/> RESEA program <input type="checkbox"/> WPRS System. [ <u>UI Claimant Referred</u> ] <input type="checkbox"/> I am filing for unemployment benefits but was NOT referred here by Unemployment. [ <u>UI Claimant not Referred by RESEA or WPRS</u> ] <input type="checkbox"/> I have exhausted my unemployment benefits. [ <u>Exhaustee</u> ] <input type="checkbox"/> I am filing for unemployment benefits but do not have to perform work search to keep UI benefits. [ <u>Exempt Claimant</u> ] <input type="checkbox"/> I am not receiving unemployment and have not exhausted my unemployment benefits. [ <u>Neither Claimant nor Exhaustee</u> ]			
<b>Cultural Barriers: Do you perceive yourself as having attitudes, beliefs, customs or practices that may serve as a hindrance to employment?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.
<b>Check any of the following that apply to you?</b>			
<input type="checkbox"/> I lack a fixed, regular, and adequate nighttime residence. <input type="checkbox"/> My primary nighttime residence is a place not designed for regular sleeping accommodation for human beings. <input type="checkbox"/> I am a child who has moved in the last 36 months with a parent or spouse who is a migratory worker or fisher. <input type="checkbox"/> I am under 18 years old and have left my home or place of legal residence without the permission of my family (Runaway). <input type="checkbox"/> N/A			
<b>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?</b>			
<input type="checkbox"/> <b>Condition 1:</b> Have been dependent on the income of another family member but am no longer supported by that income <input type="checkbox"/> <b>Condition 2:</b> 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 <input type="checkbox"/> N/A			
<b>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.)</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>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.)</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<b>Section 4: Employment History</b>							
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.							
<b>CURRENT/MOST RECENT JOB</b>							
Employer Name			Employer Location (City, State)				
Job Title			Pay		\$_____per_____(hour/week/month/year)		
Start Date		End Date	<input type="checkbox"/> N/A		Additional Compensation? (Tips, Commission, Piecework, Room/Board)		
Is this a temporary job (no more than 30 days)?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Hours/Week		
Is this job a federal job?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Business Closed <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Other: _____		
Is this employer a federal contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No				

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

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: 01.26.26