



Clermont County

Workforce Innovation & Opportunity Act (WIOA) Prescreen

Name: _____ Telephone #: _____

Social Security #: _____ Date of Birth: _____

Current Address: _____ City: _____ Zip: _____

County of Residence: _____ Gender: Male Female

Email Address: _____ Cell Phone: _____

Marital Status: Married Separated Divorced Widowed Single

Household Family Size: 1 2 3 4 5 6 7 8

High School Grad GED Year: _____ School: _____

If neither of the above, would you be interested in GED classes? YES NO

College Degrees/Certifications: _____ Year Degree Obtained: _____

School: _____ Area of Study: _____

Other Certifications/Vocational: _____ Year Obtained: _____

Post Grad Degree: _____ Year Degree Obtained: _____

Are you currently employed: YES NO

If yes, where: _____ Start Date: _____

Gross Yearly Earnings: _____ Hourly Rate of Pay: _____ Monthly Rate of Pay: _____

If Unemployed, Last employer: _____ Location: _____

Start Date: _____ End Date: _____ Position/Title: _____

Reason for Unemployment: Laid Off Terminated Other: _____

Unemployment Status: Filed Receiving Exhausted Not Filed as of today's date

Are you a veteran: YES NO Branch of Service: _____

Date Discharged: _____ Honorable Discharge: YES NO

Do you have a disability that has affected your ability to work (physical, mental, emotional): YES NO

Have you ever had a criminal conviction: YES NO If yes, dates of convictions: _____

What type of conviction: _____

Driving Convictions: YES NO If yes, dates of convictions: _____

What type of conviction: _____

PLEASE COMPLETE 2nd PAGE OF THIS FORM

US Citizen: YES NO If no, are you authorized to work in the United States: YES NO

Are you receiving ANY public assistance: YES NO

Check all that applies: Food Stamps Medical Card Cash assistance WIC Housing

Other: _____

Household Income: 10,000-21,000 22,000-29,000 30,000-36,000 37,000-44,000

_____ 45,000-49,000 50,000-59,000 60,000-66,000 67,000-74,000

Have you ever been served by WIA before: YES NO

Date Served: _____ County of Service: _____

What kind of training did you receive: _____

Course of study/ Training of interest: _____

What School are you considering: _____

Location of School: _____

Are you currently attending school? YES NO

Do you have outstanding student loans? YES NO

Are you in default of student loans? YES NO

Comments:

Customer Signature

Date

FOR OFFICE USE ONLY:

Date Scheduled for Q & A Session: _____

Date Attended Q & A Session: _____

Consultant: _____