



WAGNER PEYSER APPLICATION

State Form 56336 (R1 / 3-24)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

Applicaton Date: ___/___/___

OrgID: _____

Contact Information

Last Name, First Name, MI		
Address (Street, City, State)		County
E-mail		ZIP
Telephone ()		Check one: __Cell __Home

Demographic Information

Social Security Number (optional)	Date of Birth (mm/dd/yyyy)	Age	Gender __Male __Female
Disabilities	Race (Please check all that apply.)	Citizenship	Selective Service
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose	<input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiiin / Pacific Islander <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Did not Identify <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Alien / Refugee lawfully admitted to US Registration Number: _____ Expiration Date: ___/___/___ <input type="checkbox"/> None of the above Authorized to work in the US? __Yes __No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> Not Applicable

Education Information

Check Highest Grade Completed: ___0 ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10 ___11

12th Grade, No Diploma
 High School Diploma
 HSE / GED
 Certificate of Completion / Attendance
 1 year College / Tech / Vocational
 2 year College / Tech / Vocational
 Vocational School Certificate or Other Post-Secondary Certificate
 Associates Degree
 Bachelor's Degree
 Masters Degree
 PhD
 Specialized Degree (MD, DDS)

School Status:

In School, High School or less
 In School, Alternate
 In School, College or Technical
 No, Not Attending School

Veteran Information

Transitioning Service Member	Eligibility Status	Homeless Veteran
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Within twenty-four (24) months of Retirement <input type="checkbox"/> Within twelve (12) months of Discharge Estimated Discharge Date: ___/___/___	<input type="checkbox"/> Yes, <=180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Eligible Other Person Type of Discharge _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Served More than one Tour	Disabled Veteran: <input type="checkbox"/> Yes, Disabled <input type="checkbox"/> Yes, Special Disabled (30%) <input type="checkbox"/> No	Received Veteran Vocational Rehabilitation Service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Yes <input type="checkbox"/> No Military Entrance Date: ___/___/___ Military Discharge Date: ___/___/___		

Military Service

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

Are you a caregiver (spouse / family member) to a wounded, ill or injured armed forces member who is receiving treatment? Yes No
 Are you a member of the Armed Forces who is wounded, ill or injured and receiving treatment? Yes No
 Are you currently in the military, a veteran or the spouse of a veteran? Yes No
 Are you a spouse / dependent of someone in Active-duty Military service, National Guard/Reserves and is currently activated? Yes No
 Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? Yes No
 Have you received a signed DD-2958 (Service Member Career Readiness Standards / Individual Transition Plan)? Yes No
 Are you being involuntarily separated from active duty due to a reduction-in-force? Yes No
 Are you now or have you served in a National Guard or Reserve unit that was called to or is on Active Duty due to armed conflict and/or crisis involving national security (Title 10 Activation)? Yes No

Employment Information

Employment Status:

Employed, Full-time
 Employed, Part-time
 Employed, Received notice of termination / military separation in last twelve (12) months.
 Date of lay off, termination or military separation ____/____/____
 Unemployed
 Never Worked
 Have you attended a Rapid Response Session? Yes No
 Number of months at current employer _____

Are you looking for work?
 Yes No
 Desired Occupation

Unemployment

Unemployment Compensation
 No
 Yes, Claimant profiled and referred
 Yes, Claimant not profiled and referred
 Yes, Exhausted
Exempted from Job Search Yes No
Date Exempted ____/____/____

Have you worked as a farmworker in the last twelve (12) months? Yes No
 Have you been employed the past twelve (12) months in Farmwork of a seasonal or temporary nature? Yes No
 Have you traveled to the job site and are not reasonably able to return to your permanent residence within the same day? Yes No
 Are you a full-time student? Yes No Are you traveling with your family? Yes No Are you traveling with an organized group? Yes No
 What is the primary industry of your farm work? _____

Family Income

Due to disability, qualify as family of one (1)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Size _____	Annualized Income (last 26 weeks X 2) \$ _____
---	-----------------------------	--

Public Assistance

Individual / Family Member Receives or is Eligible to Receive (check all that apply)			Individual Only
SNAP: <input type="checkbox"/> Currently <input type="checkbox"/> Past six (6) months			SSDI: <input type="checkbox"/> Currently <input type="checkbox"/> Past six (6) months
TANF: <input type="checkbox"/> Currently <input type="checkbox"/> Past six (6) months			Ticket-to-Work Holder issued by SSA <input type="checkbox"/> Yes <input type="checkbox"/> No
SSI: <input type="checkbox"/> Currently <input type="checkbox"/> Past six (6) months			Ticket-to-Work assigned an employment network <input type="checkbox"/> Yes <input type="checkbox"/> No
General Assistance: <input type="checkbox"/> Currently <input type="checkbox"/> Past six (6) months			
Refugee: <input type="checkbox"/> Currently <input type="checkbox"/> Past six (6) months			

Barriers

English Language Learner Yes No Displaced Homemaker Yes No
 Basic Skills Deficient / Low Level of Literacy Yes No Single Parent (including single pregnant women) Yes No
 Homeless Yes No Cultural Barriers Yes No
 Ex Offender (Arrested or convicted of a crime) Yes No

System Contact Preference

Occasionally, Indiana Career Connect may contact you about job matches, how would you prefer to be contacted

Internal message - Communications will be delivered to your Message Center in Indiana Career Connect ; you must be logged in to the system to access the Message Center.

E-mail - Communications will be sent to the e-mail address you provided when you registered in the system.

Text Message (if available) - Communications will be sent to the cell phone number you provided. This option requires that your cell phone have text messaging capability, and will display the full text of the communication as a text message.

Text Message Notification (if available) - Communications will be sent to the cell phone number you provided. This option requires that your cell phone have text messaging capability, however, this option will not display the full text of the communication as a text message. Instead, the system will send a shorter notification text message to your phone, letting you know that you have a longer message in your Message Center.

Internal Message with E-mail Notification - An e-mail notification will alert you when communications are delivered to your Message Center; you must be logged in to the system to access the Message Center.

I certify that the information above is true to the best of my knowledge and I acknowledge that I received an Equal Opportunity is the Law Notice.

Signature: _____ Date ____/____/____

Equal Opportunity Is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any WIOA Title I financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The Director, Civil Rights Center (CRC)

200 Constitution Avenue NW. Room N- 4123
Washington, DC 20210

or electronically as directed on the CRC Web site at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until ninety (90) days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within ninety (90) days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within thirty (30) days of the ninety (90) day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within thirty (30) days of the date on which you received the Notice of Final Action.