



Department of Workforce Services
Intensive and Training Services
Program Application

Fields marked with an * are required.

PERSONAL INFO	Name: _____					
	Res. Address: _____					
	Mail. Address: _____					
	Phone Num: _____			Email: _____		
	Birth Date: _____			Employer (previous six months)		Income
	☐ Citizen Alien #: _____ Entry Dt. _____					
	☐ In School					
			Yes	No		
	* Homeless?		☐	☐	* Have you been charged or convicted of a crime?	
	* Live in Shelter?		☐	☐	* Have disabilities that affect ability to work?	
* Displaced Homemaker?		☐	☐	* Are you currently in or aged out of Foster Care?		
* Is anyone who normally lives with you currently in jail?		☐	☐	* Is anyone who normally lives with you currently in Foster Care?		

If applying under a Trade petition, please complete Dislocated Worker Section and signature only.

HOUSEHOLD LIVING SITUATION	Include all dependents living in your household up to the age of 24 and claimable on your income taxes:					
	Name: _____ SSN: _____ Moved IN: _____ OUT: _____ (MM/DD/YY)					
	Relation: _____ Birthdate: _____ ☐ Citizen Alien #: _____ Entry Dt: _____					
	Name: _____ SSN: _____ Moved IN: _____ OUT: _____ (MM/DD/YY)					
	Relation: _____ Birthdate: _____ ☐ Citizen Alien #: _____ Entry Dt: _____					
	Name: _____ SSN: _____ Moved IN: _____ OUT: _____ (MM/DD/YY)					
	Relation: _____ Birthdate: _____ Citizen Alien #: _____ Entry Dt: _____					
	Name: _____ SSN: _____ Moved IN: _____ OUT: _____ (MM/DD/YY)					
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Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

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		Yes	No	
*Terminated, laid off, or received notice in the past 24 months?		☐	☐	
Petition: _____	*Layoff Dt. _____	☐ Return to this kind of job ☐ Additional training is needed to return		☐ Receive(d) Unemployment Insurance
Employer: _____				
Why were you separated from employment?				
☐ Layoff	☐ Work-Related Injury	☐ Armed Forces Separation		☐ Other
☐ Reduction in Force	☐ Armed Forces Relocation	☐ Retirement due to reduction in force		
Petition: _____	*Layoff Dt. _____	☐ Return to this kind of job ☐ Additional training is needed to return		☐ Receive(d) Unemployment Insurance
Employer: _____				
Why were you separated from employment?				
☐ Layoff	☐ Work-Related Injury	☐ Armed Forces Separation		☐ Other
☐ Reduction in Force	☐ Armed Forces Relocation	☐ Retirement due to reduction in force		
If additional training is needed, what is your occupational or training goal?				

OTHER INCOME	Are you currently receiving one of the following benefit types?			
	Yes	No	Yes	No
* TANF, FEP, or other public cash assistance:	☐	☐	* Medicaid or CHIP:	☐
* Supplemental Security Income (SSI):	☐	☐	* SNAP in the last six months:	☐
* Refugee Cash Assistance:	☐	☐		

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SCHOOL INFO		Yes	No	
	* Do you have a high school diploma or its recognized equivalent?	☐	☐	* Highest level of schooling completed: _____
	* Are you currently attending or registered to attend school?	☐	☐	* Do you have an occupational certificate / license? _____
	* Do you have attendance issues in school?	☐	☐	Expected Graduation Dt: _____

	School Name: _____		Program: _____	
	School Type:	☐ Adult Education ☐ Youth Build ☐ Job Corp ☐ Home School		
		☐ Traditional K-12 High School ☐ College, University or Trade School ☐ Alternative High School (online, home school, or secure care)		
	Type of Degree:	☐ None ☐ GED ☐ H.S. Diploma		
		☐ Certificate ☐ License ☐ Associates		
		☐ Bachelors ☐ Masters ☐ Doctorate		
		☐ Other		

MILITARY		Yes	No																
	* If male, over 18 and registered with selective service:	☐	☐	Service Dates: <table border="1"> <thead> <tr> <th><u>Start dt</u></th> <th><u>End dt</u></th> <th><u>Discharge Status</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Start dt</u>	<u>End dt</u>	<u>Discharge Status</u>												
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* Currently serving in the U.S. Armed Forces or the National Guard / Reserve:	☐	☐																	
* Spouse of a veteran or active military member:	☐	☐																	
* Veteran:	☐	☐																	
* If yes, considered a disabled veteran:	☐	☐																	

OUT-OF-STATE		Yes	No		Yes	No
	* Runaway:	☐	☐	* Primary language is English:	☐	☐
	* Pregnant or parenting:	☐	☐	* Parent currently in jail or prison:	☐	☐
	* Foster Child:	☐	☐	* Refugee:	☐	☐
	* Did you age out of foster care or were you reunified between age 16 and 18?	☐	☐	* Drugs or alcohol in the past year:	☐	☐
	* Convicted of a crime:	☐	☐	* Witness or victim of domestic violence:	☐	☐
				* Native American:	☐	☐

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I certify that the information and answers I have given on this application are complete and correct to the best of my knowledge. I also certify that the citizenship and alien status information I provided is correct. If this information is found to be incorrect, I understand I will be responsible for any over payment and penalty made as a result of that incorrect information and that I may be prosecuted for fraud.

All information you give will be used by the Department of Workforce Services to determine if you are eligible for training programs. Information is subject to verification by federal, state and local agencies. By signing this application, you are authorizing a release of information to conduct computer matches and to contact organizations or individuals who may have eligibility information regarding you and other household members.

For applications made under the Trade Act, you are also authorizing a release of information to conduct ongoing eligibility and monitoring with reciprocal state agencies that administer Trade Adjustment Assistance (TAA) or Trade Readjustment Allowances (TRA) if needed to coordinate benefits.

By signing this application I acknowledge that I agree to and understand the statements above.

Customer Signature: _____ Date: _____

* If you are under the age of 18, this application must also be signed by your parent, guardian, or state case worker.

Parent / Guardian /
State Case Worker
Signature _____ Date: _____

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