



# 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 2<sup>nd</sup> PAGE OF THIS FORM**

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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

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Have you ever been served by WIA before:  YES  NO

Date Served: \_\_\_\_\_ County of Service: \_\_\_\_\_

What kind of training did you receive: \_\_\_\_\_

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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:

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\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY:

Date Scheduled for Q & A Session: \_\_\_\_\_

Date Attended Q & A Session: \_\_\_\_\_

Consultant: \_\_\_\_\_