



## WIOA Eligibility Pre-Screening Form

Name: \_\_\_\_\_ State ID Number: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check the county that you reside in:

Beaufort     Bertie     Hertford     Martin     Pitt     Other: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes list name of employer: \_\_\_\_\_

Are you a Dislocated Worker?  Yes  No

Were you laid off or terminated from your last job?  Yes  No

Are you currently receiving or exhausted unemployment insurance benefits?  Yes  No

Have you been unemployed for 13 weeks or more?  Yes  No

Do you currently receive assistance from the Department of Social Services? (i.e., Work First, TANF, SNAP/Food Stamps)  Yes  No

What is the highest grade level you completed in school? \_\_\_\_\_

Are you a veteran?  Yes  No

What school and curriculum are you interested in attending?

School: \_\_\_\_\_

Curriculum: \_\_\_\_\_

If currently enrolled, expected completion date: \_\_\_\_\_ GPA: \_\_\_\_\_

**By signing below, I attest that the information provided on this application is true and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Career Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_