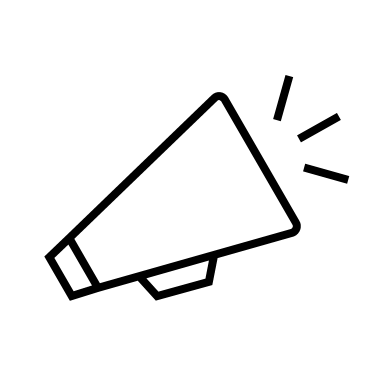
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**Incumbent Worker Trainee Application**

*This request for information is confidential and will be used solely in determining your eligibility for the Incumbent Worker grant funded by the federal Workforce Innovation & Opportunity Act (WIOA) received by your employer.*

**If you do not have an NCWorks.gov account, you will need to create one prior to completing this application. Your employer received a set of instructions to provide employees who needed assistance in creating an account.**

Application Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | Middle Initial | | | | Last Name |
| Date of Birth | Full SSN | | | | Male 🞎 Female 🞎 |
| Street Address | | | | | |
| City | State | | | | Zip |
| Primary Phone Number | | | | Race | |
| Hispanic or Latino? 🞎 Yes 🞎 No | | Are you a US citizen? 🞎 Yes 🞎 No  If not, are you authorized to work in the US? 🞎 Yes 🞎 No | | | |
| Do you have a disability you wish to state? 🞎 Yes 🞎 No | | Did you register for Selective Service (if male) and born after December 31, 1959? 🞎 Yes 🞎 No 🞎 Female, not applicable | | | |
| Are you currently in the military or a veteran of US military service? 🞎 Yes 🞎 No | | | If yes, please provide dates of service: | | |
| If yes, are you within 24 months of retirement or 12 months of discharge from the military (transitioning service member? 🞎 Yes 🞎 No | | | If yes, are you a member of the armed forces who is wounded, ill, or injured and receiving treatment in a military facility or warrior transition unit? 🞎 Yes 🞎 No | | |
| If yes, are you a disabled Veteran? 🞎 Yes 🞎 No | | | If yes, have you served on active duty in the armed forces and were discharged or released from such service under conditions “other than honorable”? 🞎 Yes 🞎 No | | |
| Are you the spouse of a Veteran? 🞎 Yes 🞎 No | | | Are you the spouse/dependent of someone in active-duty military service, National Guard, or Reserves who is currently activated? 🞎 Yes 🞎 No | | |
| Are you a caregiver who is a spouse or family member of the armed forces who is wounded, ill, or injured and receiving treatment in a military facility or warrior transition unit? 🞎 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 | | |
| Are you a current member of the NC National Guard? 🞎 Yes 🞎 No | | | Do you have a high school diploma or GED? 🞎 Yes 🞎 No  If no, what was the last grade you completed? | | |
| Do you have a college degree? 🞎 Yes 🞎 No | | | If yes, year graduated? | | |
| Field of Study/Degree: | | | | | |

I certify that the information provided in this application is true to the best of my knowledge. I am aware that this information may be verified and that any falsification shall be grounds to deny services and may subject me to prosecution under the law. I understand that the information will be used to determine eligibility for WIOA services and may be released for verification and federal reporting purposes.

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