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**Project IOWA Application**

*Iowa Opportunities for Workforce Advancement*

*4801 Franklin Ave, Room 106, Des Moines, Iowa 50310*

***All Fields must be complete and legible for submission. Do not leave any blanks. If question is not applicable to you please write N/A.  
For questions call the Project IOWA office at 515-280-1274***

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| **Personal Information** | | | | | |
| **Date:** | | | | | |
| **First Name:** | | **Last Name:** | | | |
| **Street Address:** | | | | | |
| **City:** | | | | **State:** | **Zip Code:** |
| **Phone Number:** | | | |  | |
| **Email Address:** | | | | | |
| **Date of Birth:** \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ | | | | **Gender:**  Male  Female  Transgender  Other | |
| **Citizenship** **Status:**  Permanent Resident I-155  Refugee   US Citizen  Non-Citizen | | | | | |
| **Race:** (Check One )  American Indian or Alaska Native  Asian  Black or African American  White  Native Hawaiian or Pacific Islander  Multiple Races  Other (please specify): | | | **Ethnicity:** (Check One)  Are you of Hispanic or Latino origin?  Yes  No | | |
| **Are you a veteran?**  Yes  No | | |  | | |
| **Family Information** | | | | | |
| ***Living Arrangement*** *Please check the box which best describes your living situation.* | **I own the property I live in**  **I am renting the property I live in** *(My name is listed on the formal rental agreement)*  **I am currently living with friends or relatives**  **I am currently living in temporary housing** (residential treatment facility, half-way house, shelter, etc.)  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Educational Background** *Please check Highest level of educational attainment:* | | | | | |
| Did not graduate  High School Diploma  GED  Technical/Trade School  Some College  2 year Associates Degree  4 year BA/BS Degree  Masters or Graduate Degree | | | | | |
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| **Employment Information** | | |
| **Are you currently employed?**  Yes  No | |  |
| |  |  | | --- | --- | | **Job Information** | *Current or most recent job* | | **Start Date** |  | | **End Date** |  | | **Company Name** |  | | **Job Title** |  | | **Status** | Full Time  Part Time | | **Hourly Wage** |  | | **Average Weekly Hours** |  | | **Does this job have benefits?** | Yes  No | | **Reason for leaving** |  | | | |
| **How did you hear about Project IOWA?** | Heard a presentation about it or from a staff member  Facebook  TV  Agency or Community Partner  Skywalk  Word of mouth (Heard about it from a friend, relative, graduate, etc.)  Flyer  Other. **Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**Time Availability and Preference:**

**What class time can you attend? Select one time that would be your preferred time to attend training:**

Morning – 9:30-11:30am IN PERSON

Morning – 9:30-11:30am ONLINE

Evening – 6:00pm - 8:00pm ONLINE

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| **I verify that all information provided in this application is true and complete; and I understand that any falsification or omission may result in my application being denied by Project IOWA.** |

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Signature Date