



Project IOWA Application

Iowa Opportunities for Workforce Advancement
 1420 Mulberry Street-Southwest Entrance
 Des Moines, IA 50309

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

| Personal Information | | | |
|---|-------|--|-----------|
| Social Security Number: | | Date: | |
| First Name: | M.I.: | Last Name: | Suffix: |
| Street Address: | | Apt #: | Lot #: |
| City: | | State: | Zip Code: |
| Home Phone: | | Cell Phone: | |
| Email Address: | | | |
| Date of Birth: _____ / _____ / _____ | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transsexual | |
| Citizenship: <input type="checkbox"/> Permanent Resident I-155 <input type="checkbox"/> Refugee <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen | | | |
| Can you legally work in the U.S.? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Race: (Check One) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify): _____ | | Ethnicity: (Check One) Are you of Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you believe you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, please explain: | |
| Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Family Information | | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Common Law <input type="checkbox"/> Other | | | |
| How many dependent children do you have? _____ | | | |
| How many of your dependent children live with you? _____ | | | |
| Living Arrangement Please check the box which best describes your living situation. | | <input type="checkbox"/> I own the property I live in <input type="checkbox"/> I am renting the property I live in (My name is listed on the formal rental agreement) <input type="checkbox"/> I am renting the property I live in with Section 8 assistance <input type="checkbox"/> I am currently living with friends or relatives <input type="checkbox"/> I am currently living in a shelter or temporary housing <input type="checkbox"/> Other, please explain _____ | |

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

Employment Information

Are you currently employed? Yes No

Are you currently employed through a temp agency? Yes No

Are you currently receiving Unemployment benefits?

Yes No Exhausted

Are you currently enrolled in Promise Jobs?

Yes No

Do you currently receive SNAP (food assistance)?

Yes No In process of applying

| | Job 1 <i>Current or most recent</i> | Job 2 <i>Previous</i> | Job 3 <i>Previous</i> |
|------------------------------|---|---|---|
| Start Date | | | |
| End Date | | | |
| Company Name | | | |
| Job Title | | | |
| Job Duties | | | |
| Does this job have benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hourly Wage | | | |
| Average Weekly Hours | | | |
| Status | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Reason for leaving | | | |

How did you hear about Project IOWA?

- From a past participant of Project IOWA. **Who?** _____
 Friend or relative. **Who?** _____
 Referred from another agency. **Which agency?** _____
 Church. **Which church?** _____
 Flyer. **Where?** _____
 Website. **Which website?** _____
 Other. **Please specify** _____

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.

Signature _____

Date _____