



GOODWILL WIOA INTEREST FORM

All information is kept confidential. Thank you!

PERSONAL

Last Name:		:First Name:		Middle Initial:		Preferred (Nickname) Name:	
Last 4 of social Security Number:		Home Phone:		Cell Phone:		Alternate Phone:	
Current Residential Address:		Apt#:	City:		State:		Zip Code:
County:		Birth Date:	Age:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race (optional):
Email Address:							

EMPLOYMENT

Name of current or last employer:		City:		State:		Employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Worked	
Start Date:		End Date:		Job Title:			
# of Hours per week:		Pay Rate:		Reason for Leaving:			
Previous Employer:	Job Title:	Hours/Wk:	Pay Rate:	Start Date:	End Date:	Reason for leaving:	
Previous Employer:	Job Title:	Hours/Wk:	Pay Rate:	Start Date:	End Date:	Reason for leaving:	

EDUCATION

School Status: (check one) <input type="checkbox"/> Not Attending School <input type="checkbox"/> Attending High School <input type="checkbox"/> Attending Alternative School <input type="checkbox"/> Attending Post-Secondary Education			
Diploma/Certificate/Degree: Highest Grade Completed: _____ <input type="checkbox"/> I did not complete High School <input type="checkbox"/> I have completed High School and received: (Check one) <input type="checkbox"/> Standard Diploma <input type="checkbox"/> GED <input type="checkbox"/> Occupational Diploma <input type="checkbox"/> Certificate of Attendance <input type="checkbox"/> Post-Secondary School Degree Do you have a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you have an IEP, or were you enrolled in the occupational track in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current or Last School Attended:	Dates of Attendance:	City/State:	Passed Exit Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE

I attest that all of the above information is true and correct to the best of my knowledge.

Name:	Date:
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