



**WORKFORCE INVESTMENT AGENCY**

**Bldg. 1353 | Mednilla Ave. | Capitol Hill | Caller Box 10007 | Saipan, MP 96950**

Tel: (670) 664-1708 | Fax: (670) 664-1710 | Email: [cnmiwioa@dol.gov.mp](mailto:cnmiwioa@dol.gov.mp)

<b>Applicant Name</b>	<b>Date</b>	
<b>REQUIRED DOCUMENTS FOR ALL APPLICANTS</b>		
<u><b>Valid Identification Card:</b></u> <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued Identification Card (ID) <input type="checkbox"/> U.S./Foreign Passport <input type="checkbox"/> Other: _____	<u><b>Social Security Card:</b></u> <input type="checkbox"/> Social Security Card <input type="checkbox"/> W-2 Form <input type="checkbox"/> Social Security Administration Award Letter <input type="checkbox"/> DD-214 <input type="checkbox"/> Employment Records Showing Number <input type="checkbox"/> Public Assistance Record	<u><b>Education and Training:</b></u> <input type="checkbox"/> Copy of Diploma, Degree, Certificate, License <input type="checkbox"/> Unofficial/Official Transcript <input type="checkbox"/> Other: _____
<u><b>Proof of Citizenship:</b></u> <input type="checkbox"/> Alien Registration Card (USCIS Form I-151, I-551, I-94, I-668A, I-197, I179) <input type="checkbox"/> Baptismal Certificate with Place of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 <input type="checkbox"/> Foreign Passport Stamped Eligible to work <input type="checkbox"/> Naturalization Certification <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> US Passport <input type="checkbox"/> I-9/I-94 <input type="checkbox"/> Other: _____	<u><b>Household Income 6-Months Period:</b></u> <input type="checkbox"/> Alimony Agreement <input type="checkbox"/> Award Letter from Veteran's Administration <input type="checkbox"/> Business Financial Records <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Court Award Letter (Child Support) <input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Pension/Annuity Statement <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Social Security Administration Benefits Letter <input type="checkbox"/> Other: _____	<u><b>Selective Service Registration:</b></u> <b>* FOR MALES BORN ON OR AFTER 01/01/1960*</b>  <input type="checkbox"/> Contact with Selective Service (847)688-6888 <input type="checkbox"/> DD-214 <input type="checkbox"/> Selective Service Acknowledgement/Verification <input type="checkbox"/> Selective Service Card <input type="checkbox"/> Stamped Post Office Receipt <input type="checkbox"/> Selective Service Status Information Letter <input type="checkbox"/> Other: _____
<input type="checkbox"/> <u><b>Current Resume</b></u> <input type="checkbox"/> None	<input type="checkbox"/> <u><b>Completed Family Size, Household Income, and Residential Address Verification</b></u>	<input type="checkbox"/> <u><b>For WIOA Youth Services: Completed Youth Self-Attestation Form</b></u>
<b>ADDITIONAL DOCUMENTS REQUIRED IF APPLICABLE TO APPLICANT</b>		
<u><b>Certification of Disability:</b></u> <input type="checkbox"/> Certification Letter from Doctor <input type="checkbox"/> Medical Records <input type="checkbox"/> Rehabilitation Records <input type="checkbox"/> Partner Program Certification <input type="checkbox"/> Social Security Administration Disability Records <input type="checkbox"/> Vocational Rehabilitation Letter <input type="checkbox"/> Veterans Administration Letter/Records	<u><b>Displaced Homemaker/Dislocated Worker Verification:</b></u> <input type="checkbox"/> Letter or Notice of Layoff or Termination <input type="checkbox"/> Business Financial Records for Self-Employed Individuals <input type="checkbox"/> Court Records <input type="checkbox"/> Divorce Decree/Legal Separation <input type="checkbox"/> Notarized Statement from Family Members or Ex-Spouse of Non-Support	<u><b>School Status Information:</b></u> <input type="checkbox"/> Class Schedule <input type="checkbox"/> Acceptance Letter <input type="checkbox"/> Verification of Enrollment from Training Provider <input type="checkbox"/> School Records <input type="checkbox"/> Drop-Out Letter <input type="checkbox"/> Other: _____
<u><b>Verification of Partner Program Participation:</b></u> <input type="checkbox"/> Letter of Participation from Appropriate Program <input type="checkbox"/> Other: _____	<u><b>Verification of Public Assistance:</b></u> <input type="checkbox"/> Benefits Letter from Appropriate Agency <input type="checkbox"/> NAP Disposition Form <input type="checkbox"/> Medicaid Card <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Other: _____	<u><b>Veteran Status Verification:</b></u> <input type="checkbox"/> DD-214 <input type="checkbox"/> Military Document (ID, Other Documentation) <input type="checkbox"/> VA Records/Printout <input type="checkbox"/> Other: _____



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### Customer Registration Form

Application Date:
Local Area/Region: Northern Mariana Islands (CNMI)
Office Location of Responsibility: Department of Labor-WIA Division
Office Location: Capitol Hill, Saipan

**Applicant Information:**

FULL LEGAL NAME: (Last Name, First Name, M.I)

SOCIAL SECURITY NUMBER:	RESIDENTIAL ADDRESS: (Street Name & Village)	MAILING ADDRESS:
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**Contact Information:**

PRIMARY PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Cell	ALTERNATIVE PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Cell	EMAIL ADDRESS:
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<b>EMERGENCY CONTACT:</b> Name: _____ Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> In-Law <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other <input type="checkbox"/> Spouse <input type="checkbox"/> Child Primary Phone: _____ Alternative Phone: _____	<b>ALTERNATIVE CONTACT:</b> Name: _____ Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> In-Law <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other <input type="checkbox"/> Spouse <input type="checkbox"/> Child Primary Phone: _____ Alternative Phone: _____
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**Demographic Information:**

DATE OF BIRTH:	AGE:	<b>CITIZENSHIP:</b> <input type="checkbox"/> Citizen of U.S or U.S Territory  <input type="checkbox"/> U.S Permanent Resident  <input type="checkbox"/> Alien/Refugee Admitted to U.S  <input type="checkbox"/> Citizen of Freely Associated States I-9/I-94: _____ <input type="checkbox"/> Other Please Specify: _____
PLACE OF BIRTH:	<b>GENDER:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
<b>SELECTIVE SERVICE: * For MALES born on or after 01/01/1960</b> Are you registered with Selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO Selective Service Registration Number: _____ Selective Service Registration Date: _____		

**RACE/ETHNICITY: \* Please CHECK ALL that applies.**

<input type="checkbox"/> African American/Black	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Hawaiian/Other Pacific Islander: Please Specify:		<input type="checkbox"/> Asian: Please Specify:
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Kosrean	<input type="checkbox"/> Bangladesh
<input type="checkbox"/> Carolinian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Bhutanese
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Filipino	<input type="checkbox"/> Palauan	<input type="checkbox"/> Chinese
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Indian
<input type="checkbox"/> Yapese	<input type="checkbox"/> Other Pacific Islander, Specify: _____	<input type="checkbox"/> Japanese
		<input type="checkbox"/> Sri Lankan
		<input type="checkbox"/> Korean
		<input type="checkbox"/> Malaysian
		<input type="checkbox"/> Nepalese
		<input type="checkbox"/> Pakistani
		<input type="checkbox"/> Thai
		<input type="checkbox"/> Other, Specify: _____

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**Demographic Information (Continued):**

<p>Do you consider yourself to have a disability?</p> <p><input type="checkbox"/> Yes, I have a disability</p> <p><input type="checkbox"/> No, I do not have a disability</p> <p><input type="checkbox"/> I do not wish to answer</p> <p><b>** If YES, a documentation of Disability must be provided.</b></p>	<p>Category of Disability:</p> <p><input type="checkbox"/> No Disability</p> <p><input type="checkbox"/> Physical/Chronic Health Condition</p> <p><input type="checkbox"/> Physical/Mobility Impairment</p> <p><input type="checkbox"/> Mental or Psychiatric Disability</p> <p><input type="checkbox"/> Vision-related Disability</p> <p><input type="checkbox"/> Hearing-related Disability</p> <p><input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Cognitive/Intellectual Disability</p> <p><input type="checkbox"/> I do not wish to disclose type of disability</p>
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**If Disability = Yes, complete the questions below. If No, proceed to the next section.**

Are you receiving Supplemental Security Income (SSI)?  Yes  No

Are you receiving Social Security Disability Insurance (SSDI)?  Yes  No

<p>Received services from Vocational Rehabilitation:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>Received services from a State Development Disabilities Agency (SDDA):</p> <p><input type="checkbox"/> SDDA <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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Disability Work Setting:

Competitive Integrated Employment  Combination of two or more settings

Individual Supported Employment  Not Employed

Group Supported Employment  Unknown

Sheltered Workshop

<p>Type of Customized Employment Services Received:</p> <p><input type="checkbox"/> Discovery assessment services</p> <p><input type="checkbox"/> Developed a customized employment search plan</p> <p><input type="checkbox"/> Employer negotiation services</p> <p><input type="checkbox"/> Secured employment as a result of receiving customized employment services and received extended support services</p> <p><input type="checkbox"/> NO CES services</p> <p><input type="checkbox"/> Unknown</p>	<p>Received Disability Financial Capability:</p> <p><input type="checkbox"/> Benefit planning services</p> <p><input type="checkbox"/> Financial capability/asset development services</p> <p><input type="checkbox"/> Benefit planning services and financial capability/asset development services</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
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**Veteran Information:**

<p>Are you a Veteran?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Did you serve in the Active Duty Military, Naval, or Air Service?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>If YES, Are you a spouse of a member of the Armed Forces on active duty?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
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**Veteran Information (Continued):**

Transitioning Service Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Transitioning Service Member: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 Months of Retirement <input type="checkbox"/> Within 12 Months of Discharge	Estimated Discharge Date: _____
Eligible Veteran Status: <input type="checkbox"/> Yes, <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No	Served more than 1 tour of duty: <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please answer the questions below: Second Entry Date: _____ Second Discharge Date: _____ Third Entry Date: _____ Third Discharge Date: _____	
Military Service Entry Date: _____ Military Service Discharge Date: _____		
Disabled Veteran: <input type="checkbox"/> Yes, Disabled <input type="checkbox"/> Yes, Special Disabled (greater than 30%) <input type="checkbox"/> No	Homeless Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Received services from Veteran's Vocational Rehabilitation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**Education Information:**

Your Highest Education Level Achieved:

<input type="checkbox"/> No School Grades Completed	<input type="checkbox"/> Certificate of Attendance/Completion (Disabled Individuals)
<input type="checkbox"/> 1 <sup>st</sup> Grade Completed	<input type="checkbox"/> High School Equivalency Diploma
<input type="checkbox"/> 2 <sup>nd</sup> Grade Completed	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> 3 <sup>rd</sup> Grade Completed	<input type="checkbox"/> 1 Year at College or a Technical or Vocational School
<input type="checkbox"/> 4 <sup>th</sup> Grade Completed	<input type="checkbox"/> 2 Years at College or a Technical or Vocational School
<input type="checkbox"/> 5 <sup>th</sup> Grade Completed	<input type="checkbox"/> 3 Years at College or a Technical or Vocational School
<input type="checkbox"/> 6 <sup>th</sup> Grade Completed	<input type="checkbox"/> Vocational School Certificate
<input type="checkbox"/> 7 <sup>th</sup> Grade Completed	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> 8 <sup>th</sup> Grade Completed	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> 9 <sup>th</sup> Grade Completed	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> 10 <sup>th</sup> Grade Completed	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> 11 <sup>th</sup> Grade Completed	<input type="checkbox"/> Specialized Degree (e.g. MD, DDS)
<input type="checkbox"/> 12 <sup>th</sup> Grade Completed & Did not receive a Diploma or Equivalent	

Are you currently attending school?

<input type="checkbox"/> Yes, Attending High School, Junior High, Middle, Or Elementary School	<input type="checkbox"/> Yes, Attending College or a Technical or Vocational School
<input type="checkbox"/> Yes, Attending an Alternative High School	<input type="checkbox"/> No, Not Attending any School

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**Education Information (Continued):**

If you are currently in school, please specify Name of School, Program of Study, and Anticipated Completion Date:

List Schools Attended:

<u>School</u>	<u>Course of Study</u>	<u>Dates of Attendance</u>	<u>Completion Date (Month/Year)</u>

**Licenses, Occupational Skills, Etc.**

Do you have a Driver's License?  Yes Issuing State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 No

Driver's License Class Type:  Regular 2.5 Tons or Less  Trucks Greater than 2.5 tons to 10 tons  Trucks over 10 tons  
 Bus  Motor Cycle  All of the above

How would you rate your overall computer skills?  Basic  Intermediate  Advanced  None  
 How would you rate your skills in Microsoft Office?  Basic  Intermediate  Advanced  None  
 How would you rate your skills in Microsoft Excel?  Basic  Intermediate  Advanced  None  
 How would you rate your skills in Microsoft Access?  Basic  Intermediate  Advanced  None  
 How would you rate your skills in Microsoft PowerPoint?  Basic  Intermediate  Advanced  None  
 How would you rate your skills using the Internet?  Basic  Intermediate  Advanced  None

Other Licenses/Skills: \_\_\_\_\_  
 \_\_\_\_\_

**Employment Information:**

<p>Current Employment Status:</p> <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Employed, but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed <input type="checkbox"/> Never Worked <input type="checkbox"/> Other: _____	<p>Type of business worked in:</p> <input type="checkbox"/> Private Business <input type="checkbox"/> Have never worked <input type="checkbox"/> Local Government <input type="checkbox"/> Other: _____ <input type="checkbox"/> Federal Government <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Higher Education <input type="checkbox"/> State Government <input type="checkbox"/> Education (K-12)
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<p>If you are currently unemployed, were you employed in the last six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have a RESUME? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, was one provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**Employment Information (Continued):**

Company Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving:  Laid Off  Quit  Terminated  Other Employment  Temporary/ Contract Ended  Other  
Explain Reason: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving:  Laid Off  Quit  Terminated  Other Employment  Temporary/ Contract Ended  Other  
Explain Reason: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving:  Laid Off  Quit  Terminated  Other Employment  Temporary/ Contract Ended  Other  
Explain Reason: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving:  Laid Off  Quit  Terminated  Other Employment  Temporary/ Contract Ended  Other  
Explain Reason: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving:  Laid Off  Quit  Terminated  Other Employment  Temporary/ Contract Ended  Other  
Explain Reason: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving:  Laid Off  Quit  Terminated  Other Employment  Temporary/ Contract Ended  Other  
Explain Reason: \_\_\_\_\_



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**Displaced Homemaker/Dislocated Worker**

Were you terminated, laid off of work or received a notice of termination or lay off due to business closure, economic conditions or natural disaster?  Yes  No

If YES, please provide the following information:

Actual Layoff Date: \_\_\_\_\_ Projected Layoff Date: \_\_\_\_\_ Reason for Layoff: \_\_\_\_\_

Name of Dislocation Employer: \_\_\_\_\_

Dislocation Employer Address: \_\_\_\_\_ Dislocation Hourly Rate: \_\_\_\_\_

Were you dependent on the income of a family member, spouse, or significant other or providing unpaid services but no longer supported by that income due to:

Divorce/Separation  Death  Incarceration  Relocation  Other: \_\_\_\_\_

Are you a separating service member and received a notice of separation or DD214?  Yes  No

Are you a spouse of a service member or veteran?  Yes  No

Were you self-employed as a farmer, rancher, fisherman, etc?  Yes  No

**Public Assistance & Partner Services**

**PUBLIC ASSISTANCE:**

Within the last six (6) months did you or anyone in your household receive assistance from any of the following:

**\*\* Please select ALL that apply**

- Childcare Assistance (DCCA-CCDF)
- DCCA-Nutrition Assistance Program (NAP)
- Medicaid Program
- Housing Assistance
- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Karidat
- WIA/WIOA Title I Program

**PARTNER SERVICES:**

Are YOU receiving services from any of the following Partner Programs:

- Adult Basic Education (NMC-ABE)
- Office of Vocational Rehabilitation
- Northern Marianas Trade Institution (NMTI)
- Drug Court
- Substance Abuse, Addictions, & Rehabilitation (SAAR)
- CGC- Transitional Living Center
- Office of Adult Probation
- DCCA-Division of Youth Services (DYS)
- DOL-Employment Services Division
- VA Benefits

**Individual Barriers**

Are you a single parent?  Yes  No

Are you a runaway?  Yes  No

Are you homeless?  Yes  No

Have you ever been convicted of a crime?  Yes  No

Is English a second language?  Yes  No

Do you read and understand English?  Yes  No

List all other languages spoken: \_\_\_\_\_



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Applicant Name:

**Release of Information Consent/Certification & Acknowledgement**

**RELEASE OF INFORMATION**

I agree to allow the CNMI Department of Labor-Workforce Investment Agency Division to share the above information and other relevant information to other agencies for the purpose of assisting me in obtaining my educational, training, and/or employment goals as well as to obtain supportive services that may be available.

**RELEASE OF INFORMATION FOR EDUCATIONAL INSTITUTIONS**

I authorize the release of my current and past educational records from high schools, colleges, universities, and training schools to the CNMI Department of Labor-Workforce Investment Agency Division. Such records include my current/past enrollment(s), transcripts, attendance records, graduation/completion information and diploma/certificate(s)/credential(s) attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal Law that protects the privacy of student education records that the staff of DOL-WIA Division must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as fax, email or a photo copy presented in person with appropriate identification from the above agency's staff to record holder.

**RELEASE OF INFORMATION FOR EMPLOYMENT**

I authorize the release of my current and past employment information to the CNMI Department of Labor-Workforce Investment Agency Division without liability, any information in their possession relevant to my current or past employment. Such records include information related to my job title, start/end date, hourly wages, hours worked per week, and performance.

**CERTIFICATION & ACKNOWLEDGEMENT**

I certify that the information provided is true, complete, and correct to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal actions. I give my permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA Title I Programs and Services. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law or necessary for participation.

**PLEASE READ CAREFULLY BEFORE SIGNING**

Applicant Signature	Date
Signature of Parent or Legal Guardian if Applicant is Under Age 18	Date
DOL-WIA Staff Signature	Date





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**Family Size, Household Income, and Address Verification**

I, \_\_\_\_\_  
Applicant Name

reside at \_\_\_\_\_  
Street Name & Village

\_\_\_\_\_  
City State Zip

with the following family members.

Name of Family Member	Relationship to Applicant	Age	Source of Income in the last six (6) months
1.	Self		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that the information provided is true, complete, and correct to the best of my knowledge. I understand that falsification of data is a crime and is subject for immediate termination from CNMI DOL-WIA Division Title I Programs and Services and any monies paid to or on behalf of the participant will require repayment.

Applicant Signature	Date
Signature of Parent or Legal Guardian if Applicant is Under Age 18	Date



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**FOR OFFICE USE ONLY**

Applicant's Top 3 Occupational Goals

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Received By: \_\_\_\_\_

DOL-WIA Division Staff Name & Signature

Stamp Received Date

Notes:

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Family Size: \_\_\_\_\_ 6 Months HH Income: \$ \_\_\_\_\_ Annual HH Income: \$ \_\_\_\_\_

Certified By: \_\_\_\_\_ Certification Date: \_\_\_\_\_

DOL-WIA Division Staff Name & Signature

VOS Username: \_\_\_\_\_

VOS Password: \_\_\_\_\_