



SOUTHEASTERN
COMMUNITY
COLLEGE



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Trade Act Petition Number:

Initial Eligibility Application for PACE/Trade Act and/or Workforce Investment Act and/or GAP Assistance

THIS SECTION FOR OFFICE USE ONLY! CLIENT IS APPLYING FOR ELIGIBILITY FOR:			
Trade Act and/or Workforce Investment Act SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO			
GAP TUITION ASSISTANCE <input type="checkbox"/> YES <input type="checkbox"/> NO			
PACE SUPPORT SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME: Last, First, Middle Initial		SOCIAL SECURITY NUMBER	
ADDRESS (No, Street, City, County, State, Zip)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNDECLARED	
		DATE of BIRTH	AGE
Phone	Cell/Alt phone	ETHNICITY: HISPANIC/LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDECLARED	
EMAIL ADDRESS:			
REGISTERED FOR SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE (CHECK ONE OR MORE OF THE FOLLOWING):	
US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NATIVE AMERICAN/ALASKAN NATIVE <input type="checkbox"/> PACIFIC ISLANDER/NATIVE HAWAIIAN <input type="checkbox"/> ASIAN/ASIAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> UNKNOWN/UNDECLARED	
IF NOT A US CITIZEN, ARE YOU AUTHORIZED TO WORK IN THE US? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PROVIDE A COPY OF ALIEN REGISTRATION DOCUMENTATION, INCLUDING:			
REGISTRATION NUMBER:		EXPIRATION DATE:	
SEASONAL/MIGRANT WORKER: <input type="checkbox"/> NO <input type="checkbox"/> SEASONAL FARM WORKER <input type="checkbox"/> MIGRANT FOOD PROCESSOR <input type="checkbox"/> MIGRANT FARM WORKER			
PLEASE INDICATE SOURCE OF REFERRAL:			
<input type="checkbox"/> SCC WEBSITE <input type="checkbox"/> AARP <input type="checkbox"/> OPTIONS CATALOG <input type="checkbox"/> IVRS <input type="checkbox"/> PROMISE JOBS <input type="checkbox"/> IOWAWORKS <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> OTHER _____			
INFORMATION REGARDING VETERAN STATUS			
VETERAN STATUS <input type="checkbox"/> YES, Served Active Duty < or = to 180 days <input type="checkbox"/> YES, Eligible Veteran (active duty for 180+ days) <input type="checkbox"/> YES, Other: (spouse of current veteran) <input type="checkbox"/> NO		CAMPAIGN VETERAN: <input type="checkbox"/> YES, (Eligible Veteran who received medal/badge, listed by OPM, for service) <input type="checkbox"/> NO	
TRANSITION SERVICE Member: <input type="checkbox"/> YES, Active military status currently <u>and</u> either within 24 mos of retirement <u>or</u> 12 mos of separation from armed forces <input type="checkbox"/> NO		DISABLED VETERAN: <input type="checkbox"/> YES, DISABLED VETERAN (Service connected disability resulted in release from active duty and/or entitlement to compensation; < 30%) <input type="checkbox"/> YES, SPECIAL DISABLED (Rated at 30%+ <u>or</u> 10-20% and determined to have serious employment handicap) <input type="checkbox"/> NO	
DATE OF MILITARY SEPARATION (MM/DD/YY):			
INFORMATION REGARDING DISABILITY STATUS			
DISABILITY: <input type="checkbox"/> YES, Physical or mental impairment that limits 1+ major life activities *IF YES, SEE BELOW <input type="checkbox"/> NO <input type="checkbox"/> UNDECLARED <hr/> <input type="checkbox"/> *YES, BARRIER TO EMPLOYMENT <input type="checkbox"/> *YES, BUT NOT A BARRIER TO EMPLOYMENT		CATEGORY OF DISABILITY: <input type="checkbox"/> PHYSICAL IMPAIRMENT (including mobility and sensory impairments) <input type="checkbox"/> MENTAL IMPAIRMENT (including cognitive and learning impairments) <input type="checkbox"/> BOTH PHYSICAL AND MENTAL IMPAIRMENTS <input type="checkbox"/> UNDECLARED	
DO YOU HAVE AN INDIVIDUAL EDUCATION PLAN (EP)? (YOUTH ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO			

INFORMATION REGARDING EDUCATION STATUS AND LANGUAGE SKILLS

TOTAL NUMBER YEARS OF EDUCATION:

ARE YOU CURRENTLY A FULL TIME STUDENT? YES NODO YOU HAVE LIMITED ABILITY IN SPEAKING, READING, WRITING, OR UNDERSTANDING ENGLISH LANGUAGE AND EITHER:

*ENGLISH IS NOT YOUR NATIVE LANGUAGE

OR

*ENGLISH IS NOT THE PRIMARY LANGUAGE SPOKEN IN YOUR FAMILY/COMMUNITY

 YES NO

CURRENT EDUCATION STATUS:

- NOT ATTENDING H.S.- DROPPED OUT
 NOT ATTENDING H.S. – GRADUATE
 ATTENDING H.S. OR ALTERNATIVE H.S.
 ATTENDING GED CLASSES
 ATTENDING POST H.S. CLASSES

ARE YOU PLANNING TO ATTEND SCHOOL WITHIN THE NEXT FOUR MONTHS? YES NOIS ENGLISH YOUR NATIVE LANGUAGE? YES NOARE YOU INTERESTED IN ADDITIONAL TRAINING? YES NO
WHAT TYPE OF TRAINING (IF KNOWN)?CURRENT PELL GRANT RECIPIENT? YES NO
IF YES, SEMESTER/YEAR:

IF YOU HAVE A COLLEGE DEGREE OR ARE IN THE PROCESS OF EARNING YOUR DEGREE, PLEASE LIST INSTITUTION NAME AND LOCATION, DATES ATTENDED, MAJOR, DATE DEGREE WAS RECEIVED OR IS EXPECTED:

HAVE YOU COMPLETED A NATIONAL CAREER READINESS CERTIFICATE (NCRC)?

 YES NO

IF YES, WHAT IS YOUR CERTIFICATE LEVEL, AND WHEN DID YOU RECEIVE IT?

DO YOU HAVE ANY OTHER TRAINING OR CERTIFICATIONS?

 YES NO

SPECIFY:

IF YES, NAME OF INSTITUTION AND DATE RECEIVED:

PERSONAL INFORMATION

ARE YOU CURRENTLY RECEIVING OR HAVE YOU RECEIVED ANY OF THE FOLLOWING WITHIN THE LAST SIX MONTHS:

- TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) OR FIP?
 SUPPLEMENTAL SECURITY INCOME (SSI)?
 SOCIAL SECURITY DISABILITY INSURANCE (SSDI)?
 GENERAL ASSISTANCE (GA), REFUGEE CASH ASSISTANCE (RCA), OR SUPPLEMENTAL NUTRITION PROGRAMS?
 FOOD STAMPS?
 FOSTER CARE? IF SO, WHAT TYPE? _____

HOUSEHOLD INFORMATIONARE YOU HOMELESS? YES NO IF YES, DO YOU LIVE IN A SHELTER? YES NO

HOW MANY FAMILY MEMBERS (INCLUDING YOURSELF) RELATED BY BLOOD, MARRIAGE, OR ADOPTION LIVE IN YOUR HOUSEHOLD?

HOW MANY DEPENDENTS DO YOU HAVE UNDER THE AGE OF 18?

ARE YOU A SINGLE PARENT? YES NOARE YOU A DISPLACED HOMEMAKER? YES NO

PLEASE LIST BELOW EVERYONE THAT LIVES WITH YOU (INCLUDING YOURSELF), OR THAT YOU CONSIDER A PART OF YOUR FAMILY:

NAME:

AGE:

RELATIONSHIP:

SELF/APPLICANT

INVOLVEMENT WITH OTHER AGENCIES

PLEASE INDICATE ANY CURRENT INVOLVEMENT WITH:

CONTACT PERSON:

- ____ VOCATIONAL REHABILITATION
 ____ VETERANS ADMINISTRATION
 ____ PROMISE JOBS PROGRAM
 ____ WORKFORCE INVESTMENT ACT
 ____ TRADE ACT
 ____ PROTEUS
 ____ PROBATION/PAROLE
 ____ WORK RELEASE
 ____ COUNTY RELIEF

INCOME VERIFICATION

CURRENT TOTAL GROSS HOUSEHOLD INCOME OF ALL FAMILY MEMBERS: \$ _____ PER MONTH

GROSS HOUSEHOLD INCOME FOR LAST 12 MONTHS: \$ _____ (PLEASE PROVIDE DOCUMENTATION)

DO YOU HAVE THE PRIMARY RESPONSIBILITY FOR SUPPORTING THE INDIVIDUALS IN YOUR HOUSEHOLD? YES NO**EMPLOYMENT AND PERSONAL INFORMATION**ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, ARE YOU AT RISK OF LOSING YOUR CURRENT LEVEL OF INCOME? YES NODO YOU HAVE A DRIVERS LICENSE? YES NO DO YOU HAVE ACCESS TO A RELIABLE CAR? YES NOARE YOU WILLING TO RELOCATE FOR WORK? YES NO

UNEMPLOYMENT COMPENSATION ELIGIBLE STATUS (TRADE ONLY):

 CLAIMANT REFERRED BY WPRS (EXTREMELY RARE) CLAIMANT NOT REFERRED BY WPRS EXHAUSTEE NIETHER CLAIMANT OR EXHAUSTEE

EMPLOYMENT STATUS AT PARTICIPATION (TRADE ONLY):

 EMPLOYED (INCLUDES ANY WORK AS A PAID EMPLOYEE OR FOR YOUR OWN BUSINESS, ANY UNPAID WORK IN A FAMILY BUSINESS, AND A JOB FROM WHICH YOU HAVE CURRENTLY BEEN ABSENT). EMPLOYED, BUT RECEIVED NOTICE OF TERMINATION OF EMPLOYMENT OR MILITARY SEPARATION NOT EMPLOYED**RECIPT OF TRADE ACT INFORMATION (TRADE ONLY)**

I HAVE RECEIVED A FOLDER OF INFORMATION DETAILING THE TRADE ACT BENEFIT OPTIONS:

 AT A WORKER INFORMATION/RAPID RESPONSE MEETING AT A WORKFORCE OFFICE BY MAIL N/A**EMPLOYMENT SKILLS**DO YOU HAVE A CURRENT, UP-TO-DATE RESUME? YES NO IF YES, PLEASE ATTACH A COPY

WHAT IS YOUR EMPLOYMENT GOAL?

PLEASE RATE YOUR COMPUTER SKILL (1 LOWEST SKILL LEVEL, 5 HIGHEST SKILL LEVEL): 1 2 3 4 5 (CIRCLE ONE)

EMPLOYMENT HISTORY (START WITH THE MOST RECENT FIRST)

1

NAME OF BUSINESS/SUBDIVISION:

ADDRESS OF BUSINESS (NO., STREET, CITY, STATE, ZIP)

DATE OF EMPLOYMENT (MM/DD/YYYY):

HAVE YOU RECEIVED A TERMINATION NOTICE/LETTER? YES NO

FROM: _____ TO: _____

TYPE OF WORK? FULL-TIME PART-TIME SEASONAL

ANTICIPATED LAYOFF DATE:

ARE YOU A DISLOCATED WORKER? YES NO

LAST HOURLY WAGE RATE:

TYPE OF SEPARATION:

REASON FOR SEPARATION:

\$ _____ PER HR

 TOTAL PARTIAL THREATENED N/A LACK OF WORK OTHER (PLEASE SPECIFY):

LAST JOB TITLE:

NUMBER OF HOURS DURING LAST FULL WEEK OF WORK:

PETITION NUMBER (TRADE ONLY):

JOB DUTIES (PLEASE BE SPECIFIC):

NAME OF BUSINESS/SUBDIVISION:		ADDRESS OF BUSINESS (NO., STREET, CITY, STATE, ZIP)	
DATE OF EMPLOYMENT (MM/DD/YYYY): FROM: _____ TO: _____		HAVE YOU RECEIVED A TERMINATION NOTICE/LETTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		TYPE OF WORK? <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL	
ANTICIPATED LAYOFF DATE:		ARE YOU A DISLOCATED WORKER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST HOURLY WAGE RATE: \$ _____ PER HR	TYPE OF SEPARATION: <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> THREATENED <input type="checkbox"/> N/A		REASON FOR SEPARATION: <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> OTHER (PLEASE SPECIFY):
LAST JOB TITLE:	NUMBER OF HOURS DURING LAST FULL WEEK OF WORK:		
	PETITION NUMBER (TRADE ONLY):		

JOB DUTIES (PLEASE BE SPECIFIC):

NAME OF BUSINESS/SUBDIVISION:		ADDRESS OF BUSINESS (NO., STREET, CITY, STATE, ZIP)	
DATE OF EMPLOYMENT (MM/DD/YYYY): FROM: _____ TO: _____		HAVE YOU RECEIVED A TERMINATION NOTICE/LETTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		TYPE OF WORK? <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL	
ANTICIPATED LAYOFF DATE:		ARE YOU A DISLOCATED WORKER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST HOURLY WAGE RATE: \$ _____ PER HR	TYPE OF SEPARATION: <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> THREATENED <input type="checkbox"/> N/A		REASON FOR SEPARATION: <input type="checkbox"/> LACK OF WORK <input type="checkbox"/> OTHER (PLEASE SPECIFY):
LAST JOB TITLE:	NUMBER OF HOURS DURING LAST FULL WEEK OF WORK:		
	PETITION NUMBER (TRADE ONLY):		

JOB DUTIES (PLEASE BE SPECIFIC):

REQUEST SUMMARY**WHAT CERTIFICATE PROGRAM ARE YOU CONSIDERING? WHY? PLEASE BE SPECIFIC:****WHY SHOULD YOU BE AWARDED THIS ASSISTANCE?****PLEASE INDICATE SOURCE OF REFERRAL:**

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> SCC WEBSITE | <input type="checkbox"/> AARP |
| <input type="checkbox"/> NEWSPAPER AD | <input type="checkbox"/> PROMISE JOBS |
| <input type="checkbox"/> OPTIONS CATALOG | <input type="checkbox"/> IVRS |
| <input type="checkbox"/> IOWAWORKS | <input type="checkbox"/> OTHER _____ |

STATEMENT REQUIRED UNDER THE PRIVACY ACT OF 1974 FOR THE TRADE ACT OF 1974 PROGRAM, AMENDED

Information requested for use by the State Agency and the U.S. Department of Labor is authorized under Sec. 231 of the Trade Act of 1974, Amended 2002 and 2007 and Section 806 of the Social Security Act (42 U.S.C. 11061). All information furnished (including Social Security Account Number) is voluntary and will be confidential except to the extent that release of all such information is authorized in the processing of this application including income, grades, student progress, attendance, financial aid and status of medical insurance, and will not be released or used for any purpose other than for establishing entitlement to benefits and allowances under the Trade Act Program for statistical and research studies and to insure that benefits and allowances have been paid properly.

APPLICANT INFORMATION CERTIFICATION

- *I give this information to support my request for a determination of entitlement to Trade Adjustment Assistance Trade Re-Adjustment Allowances under the TRADE ACT OF 1974 AMENDED 2002, 2009, AND 2011.
- *I give this information to support my request for a determination of eligibility for Workforce Investment Act services.
- *I understand that this information may also be used to support my request for a determination of entitlement to GAP funding.
- *I understand that I may have to provide documents to support the information that I have given.
- *I allow the release of the information I have given for documentation purposes.
- *I certify that the information in this application is true and correct including the citizenship status information. If this information is found to be incorrect, I understand that I will be responsible for any overpayment and penalty made as a result of that incorrect information and that I may be prosecuted for fraud.
- *I understand that I am subject to immediate termination and that I may be prosecuted for fraud and/or perjury if I am found ineligible after enrollment.
- *I authorize the use of my social security number as an identifier for program administrative purposes.
- *I understand that this information can be shared for documentation purposes between IWD and Higher Education facilities that provide GAP approved programs.

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of federal financial assistance to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under title 1 of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title 1-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Declining who will be admitted, or have access, to any WIA Title 1-financially assisted program or activity;
- Providing opportunities in, or treating any person with regards to, such a program or activity; or
- Making employment decision in the administration of, or in connection with, such a program or activity.

SIGNATURE OF APPLICANT	DATE
PARENT/LEGAL GUARDIAN OF THE ABOVE APPLICANT: I CERTIFY BY MY SIGNATURE BELOW THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT, IF ACCEPTED, MY DEPENDENT MAY PARTICIPATE IN EMPLOYMENT, TRAINING, AND EDUCATION PROGRAMS.	
SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
STAFF CERTIFICATION: I HAVE WITNESSED THE APPLICANTS SIGNATURE SHOWN AND HAVE DISCUSSED WITH THE APPLICANT THE STATEMENTS MADE. BASED UPON MY KNOWLEDGE OF THE FACTS, THE STATEMENTS APPEAR TO BE CORRECT.	
SIGNATURE OF WIA OR IWD REPRESENTATIVE	DATE
SIGNATURE OF GAP REPRESENTATIVE (if applying for GAP)	DATE