

# I-CARE, Inc. WIA Youth Program

## **IREDELL COUNTY**

1415 Shelton Avenue  
Statesville, NC 28677  
Phone (704) 872-8141  
Fax (704) 871-1299

## **LINCOLN COUNTY**

529 Aspen Street  
Lincolnton, NC 28092  
Phone (704) 735-8035  
Fax (704) 732-1140

### **Items Needed to Complete Application**

- Social Security Card
- Birth Certificate (of all members in the household)
- Proof of Income for all working household members (include check stub(s), Housing Authority Verification, SSI, etc.)
- Family Size verification
- Proof of Residence
- TANF Verification
- Food Stamp Verification
- Copy of Most Recent Report Card or Transcripts
- IEP from school if disabled
- High School Diploma (if graduated)

Additional verification items may be required.

**All items must accompany application before application will be processed.**

If you have any questions, please contact I-CARE, Inc. at (704) 872-8141 in Iredell County.  
For Lincoln County, please contact the WIA Youth Program Youth Development Specialist at (704) 735-8035.



Equal Opportunity/Affirmative Action Employer/Program  
Auxiliary aids and services are available upon request to individuals with disabilities.

"Prepared by I-CARE, Inc and funded by the Workforce Investment Act under contract with the Centralina Workforce Development Consortium".

**I-CARE, Inc.**  
**WIA Youth Program Application**

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**APPLICANT INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Grade \_\_\_\_\_

Are you a citizen of the United States? YES  NO  Current High School Dropout? YES  NO

Have you been enrolled in WIA Youth Program? YES  NO  If so, when? \_\_\_\_\_

Have you registered for Selective Service? YES  NO  N/A

Does a member in household receive Food Stamps? YES  NO

Does a member in household receive SSI, TANF, or Public Assistance? YES  NO

**EDUCATION**

High School \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES  NO  Highest Grade Completed \_\_\_\_\_ GED \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES  NO  Degree \_\_\_\_\_

Other \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES  NO  Degree \_\_\_\_\_

<b>FAMILY SIZE</b> Names of Family Members	<b>Relationship</b>	<b>Age</b>	<b>Source of Income</b>	<b>Pay Rate</b>	<b>Pay Frequency (Weekly, Bi-weekly, Monthly)</b>	<b># of hours worked per week</b>	<b>Total income</b>
1.							
2.							
3.							
4.							
5.							
6.							
<b>Total Family Size</b>						<b>Total Family Income</b>	

**PREVIOUS EMPLOYMENT**

Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**LIST THREE OCCUPATIONAL AREAS/JOBS YOU ARE INTERESTED IN:**

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

**APPLICATION CERTIFICATION: PLEASE READ THOROUGHLY BEFORE SIGNING**

I certify that this information is true to the best of my knowledge. I understand that WIA services are not guaranteed and completion of this application does not entitle me to program enrollment. I am aware that this information is subject to verification and that falsification shall be grounds for my termination from WIA and may subject me to prosecution under the law. I understand the information will be used to determine eligibility and may be released for verification purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Signature  
(Required if applicant under 18 years old)

\_\_\_\_\_  
Date Signed

**FOR OFFICE USE ONLY**

Received Time: \_\_\_\_\_

Received Date: \_\_\_\_\_

Eligible: YES  NO  Reason for ineligibility: \_\_\_\_\_

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