



BIG STEP/WRTP • 3841 W. Wisconsin Ave. Milwaukee, WI 53208  
Office: (414) 342-9787 • Fax: (414) 342-3546 • Website: [www.wrtp.org](http://www.wrtp.org)

## Application

How did you hear about us? \_\_\_\_\_ Orientation date: \_\_\_\_\_

1. First Name: \_\_\_\_\_  
a. Middle Name: \_\_\_\_\_
2. Last Name: \_\_\_\_\_
3. Address: \_\_\_\_\_  
a. Apt./Suite #: \_\_\_\_\_  
b. City: \_\_\_\_\_  
c. Zip Code: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. Social Security #: \_\_\_\_\_
7. Gender:  Male  Female
8. Race:  African American  Asian  Bi-Racial  
 Caucasian  Hawaiian or Pacific Islander  
 Hispanic  Multi-Racial  Native American  
 Other
9. Home Phone: \_\_\_\_\_
10. Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_
11. Cell/Pager: \_\_\_\_\_
12. Did you register for Selected Service?  
 Yes  No  Not Applicable
13. Do you have a valid drivers license:  Yes  
 No, never had one  No, revoked  No, suspended  
 Occupational License ONLY!
14. Are you legally authorized to work in the U.S.A.?  
 Yes/True  No/False
15. Does reading/writing English cause problems?  
 Yes/True  No/False
16. Marital Status:  Married, living with spouse  
 Married, not living with spouse  
 Non-married partner  Single, never married  
 Widowed, divorced, legally separated
17. Do you have any children of your own?  Yes  No  
a. How many children do you have? \_\_\_\_\_
18. Highest grade completed?  
 Below 8<sup>th</sup>  9  10  11  12  12+
19. Name of High School? \_\_\_\_\_  
a. Year completed? \_\_\_\_\_

20. Have you received any of the following degrees?  
 High School Diploma  GED  HSED
21. Counting yourself, how many people related to you live in your household?  1  2  3  4  5  Other: \_\_\_\_\_
22. How many non-family members live with you? \_\_\_\_\_
23. How many weeks did you work in the last 12 months? \_\_\_\_\_
24. If employed, what is your current hourly wage (\$): \_\_\_\_\_
25. Unemployment Compensation Status:  
 Not Eligible  Eligible, but not receiving benefits  
 Receiving benefits  Exhausted benefits
26. Annual Household Income:  
 Under 3,000  12,001 - 15,000  Over 25,001  
 3,001 - 6,000  15,001 - 20,000  
 6,001 - 9,000  20,001 - 25,000
27. Income sources in the last 12 months:  
 None  Unemployment Compensation  
 Temp Assistance  Employment  
 Food Stamps  Social Security/SSI/SSDI  
 Child Support  Medicaid Benefits  
 Retired/Pension
28. Do you have health insurance?  
 No  Yes, COBRA  
 Yes, through my employer  Yes, Badger Care  
 Yes, through family member employer  
 Yes, through another source
29. BIG STEP Trade of interest?  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Staff ONLY!**  
Case # \_\_\_\_\_  
Scheduled for TABE:  Yes  No Date: \_\_\_\_\_  
 Will call to schedule  
Scheduled for Pre-screen:  Yes  No Date: \_\_\_\_\_  
 DS  NJ  PG  TG  Will call to schedule  
**CDBG**  Yes/True  No/False  
**MMSD**  Yes/True  No/False  
**MMSD Waiver**  Yes/True  No/False



BIG STEP/WRTP • 3841 W. Wisconsin Ave. Milwaukee, WI 53208  
 Office: (414) 342-9787 • Fax: (414) 342-3546 • Website: [www.wrtp.org](http://www.wrtp.org)

### Career History

Please start with **LAST** or **CURRENT** Employer

Company Name		City		State	Contact Person	
Job Title (Position)	Date Started	Date Ended	Hourly Wage	Hrs/Wk	Reason for Leaving	
				Shift: _____	<input type="checkbox"/> Plant or Division closed <input type="checkbox"/> Seasonal/Temporary Job ended <input type="checkbox"/> Other layoff	<input type="checkbox"/> Other (Please specify) <input type="checkbox"/> Fired <input type="checkbox"/> Quit
Did you receive Health benefits		<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your employer contribute money to these benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		City		State	Contact Person	
Job Title (Position)	Date Started	Date Ended	Hourly Wage	Hrs/Wk	Reason for Leaving	
				Shift: _____	<input type="checkbox"/> Plant or Division closed <input type="checkbox"/> Seasonal/Temporary Job ended <input type="checkbox"/> Other layoff	<input type="checkbox"/> Other (Please specify) <input type="checkbox"/> Fired <input type="checkbox"/> Quit
Did you receive Health benefits		<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your employer contribute money to these benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Applicant's Certification and Consent to Release Information

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application and subsequent termination from the WRTP/BIG STEP program. I understand that this application is not a guarantee of acceptance in any WRTP/BIGSTEP program. I have agreed to participate in assessment services as administered by the WRTP/BIGSTEP program and its partner service providers. As part of the service I will be completing tests that may include, but are not limited to profiles of my aptitudes, interests, values, skills, and personal style. I give consent to disclose my assessment results to WRTP/BIGSTEP and its partner providers unless I otherwise authorize in writing. In order to verify the information or conduct further evaluation it may be necessary to collect additional information from records at government agencies. This information could include but not be limited to unemployment insurance, Social Security earnings, or TANF (Temporary Assistance to Needy Families) records. Your signature allows the release of this information and job placement data to WRTP/BIG STEP staff and researchers for program monitoring, verification, additional data collection, and evaluation purposes. Additionally, your signature below authorizes your future employers to release your employment information to WRTP/BIG STEP program staff. This information to be released includes: start and end dates of employment, salary or wages, access to and utilization of employee benefits, scheduled hours and job title and advancement information. This release is valid for 3 years from the date of signature below.

I authorize WRTP/Big Step to use my photo for its various publications. I understand that this picture will be kept on file and could be used in future communication pieces such as brochures, newsletters, web site, etc. Unless I otherwise notify WRTP/Big Step in writing, my picture can be released for publication.

**By my signature below, I acknowledge that I have read and fully understand the information above.**

Printed Name of Applicant	Date
Signature of Applicant	Date
Signature of Program Staff	Date