



Application for the Northeastern Workforce Development Board NCWorks NEXTGEN Program

Date: _____ Legal Name: _____ Last 4 of SSN: _____

Nickname: _____ Age: _____ Birth Date: _____ Male Female

Primary Phone Number: _____ Alternate Phone Number: _____

Cell Home Other _____ Cell Home Other _____

Address: _____

City/State: _____ Zip: _____ County: _____

Mailing Address (if different): _____

Email Address: _____ Facebook Name: _____

Best way to contact you: Cell Text Parent's Phone Facebook Email

Parent or Legal Guardian Name: _____ Relationship: _____

Parent or Guardian Telephone Number: _____

Educational Information:

Are you currently attending High School, GED or College? Yes No

Current or last school attended? _____

Planned graduation date? _____

What's the last grade completed? _____

Did you have an IEP? Yes No Unsure



Employment information:

Are you currently employed? Yes No If yes, where? _____

Have you ever been employed? Yes No If yes, last employer? _____

Are you looking for employment? Yes No

What careers are you interested in? 1st Choice _____

2nd Choice _____

3rd Choice _____



How did you hear about the NEXTGEN program? _____

Applicant Signature/Date

Career Advisor Signature/Date



Workforce Innovation and Opportunity Act Information Release Form

Applicant's Name: _____

SS# (Last 4 digits only) _____

I hereby authorize the WIOA staff of the Northeastern Workforce Development Board to obtain information from other organizations that is necessary and pertinent for eligibility determination for the Youth Program and develop a plan that will address my training and employment needs.

I also authorize Northeastern Workforce Development to release my name as a WIOA applicant/participant and WIOA service information such as test results, income, eligibility related information, dates of employment, and outcome of services, to other employment and training agencies for purposes of coordination of services.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature (if under 18) : _____ Date: _____

NWDB Staff Signature: _____ Date: _____

Authorization for Publication

I, the undersigned WIOA applicant/ participant, authorize the use of my name and/or photograph for news releases; newspaper articles or any form of publication to promote the positive results of WIOA federally funded employment and training programs. I understand that if detailed information about my life experiences or WIOA program experiences will be used as a narrative in such publications, I will be able to review the narrative prior to its use.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature (if under 18) : _____ Date: _____

NWDB Staff Signature: _____ Date: _____