

Workforce Investment Solutions

Application for Consideration of Services

PLEASE PRINT

Date _____

Name: _____ Maiden Name: _____
First Middle Last

Address: _____ Other Names: _____

City: _____ State: _____ Zip: _____ Date of Birth: ____/____/____ Age: ____

County: _____ Male Female

Telephone: _____ U.S. Citizen Yes No

Cell Phone: _____ Social Security Number
 _____ - _____ - _____

E-mail: _____

Ethnicity (Please check all that apply)

White Black Asian American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander Hispanic: Yes No Decline to Answer

Are you registered on Illinois Job Link? Yes No

Are you a current member of the military? Yes No Are you a Veteran? Yes No

Type of Discharge: _____ Is your spouse a Vet? Yes No

Do you have any problems that will affect your ability to work? Yes No

If yes, please explain: _____

Current Status
(Please check all that apply)

Applied for Unemployment <input type="checkbox"/>	Receiving Unemployment <input type="checkbox"/>	Employed Full-time <input type="checkbox"/>
Applied for SSDI <input type="checkbox"/>	Receiving SSDI <input type="checkbox"/>	Employed Part-time <input type="checkbox"/>
Applied for SSI <input type="checkbox"/>	Receiving SSI <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Applied for Food Stamps <input type="checkbox"/>	Receiving Food Stamps <input type="checkbox"/>	Exhausted Unemployment <input type="checkbox"/>

(Currently or within the last 6 months)

If employed, what is your schedule & hours? _____

Goals – Why are you applying to Workforce – What kind of employment/training would you like to have? (Be Specific) _____

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Work History – List all jobs held over the last 10 years

(Begin with your most recent job)

Employer: _____ Street Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Supervisor: _____ Full Time Part Time
 Start Date: ___/___/___ End Date: ___/___/___ Pay/hour: _____ Hrs./Week: _____
 Job Title: _____ Duties & machines operated _____

Temporary Layoff Closure Yes No Permanent Layoff Labor Dispute Yes No
 Fired: Yes No If yes, explain _____
 Quit: Yes No If yes, explain _____

Employer: _____ Street Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Supervisor: _____ Full Time Part Time
 Start Date: ___/___/___ End Date: ___/___/___ Pay/hour: _____ Hrs./Week: _____
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I have additional jobs not listed here

Are you working with: (Check all agencies that apply)

Office of Rehabilitation Heritage Behavioral Health Probation
Public Aid Decatur Housing Authority Parole Dove Social Security
Other: _____

Transportation

Are you planning to relocate? Yes No

How far would you be willing to travel to a job?

10 miles 25 miles 50 miles Other

How would you travel to work? My car Public Transportation Rely on someone else

Do you have valid drivers license? Yes No

Do you have auto insurance? Yes No

Education

Highest grade completed: _____ H.S. Diploma GED
School Attended _____ Year Degree Obtained ____/____/____
Assoc. Degree Program _____ College _____ Year _____
Bach. Degree Program _____ College _____ Year _____
Master's Degree Program _____ College _____ Year _____
Doctorate Program _____ College _____ Year _____

Are you currently attending school? Yes No

If yes, are you attending school full-time? Yes No

If yes, where and when will you complete your degree of certification? _____

Have you completed a FAFSA application? Yes No

If yes, have you been awarded a Pell grant? Yes No

Please list all certifications, degrees, and/or licenses you have earned. Please include the dates, the type of degree/certificate, and the institution's name from which they were earned: _____

Please check current concerns you may have. (Check all that apply)

Past/Present Legal Problems Family/Relationship Problems Obsolete Job Skills
Health/Disability Problems Limited English Skills Stress
Age Issues Limited Math Skills Insurance
Past/Present treatment of psychological problems/addictions Other

Have you ever been convicted of a felony? Yes No

County: _____ State: _____ Date: _____

Have you ever been convicted of a misdemeanor? Yes No

County: _____ State: _____ Date: _____

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Collateral Contacts

(Two non-household family members required)

Name: _____
Address: _____ Apt. _____
State: _____
(H)/(C) #: _____

Relationship: _____
City: _____
Zip: _____
Work #: _____ Ext: _____

Name: _____
Address: _____ Apt. _____
State: _____
(H)/(C) #: _____

Relationship: _____
City: _____
Zip: _____
Work #: _____ Ext: _____

Family/Parenting/Child Care Status

Married Single Divorced _____ Widowed Other _____
(Date) Please specify

Including yourself, list names of individuals living *with you* in household on a **full time** basis

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your spouse employed? Yes No If yes, where _____

Do you have children NOT living in the home? Yes No

If yes, list full names & ages _____

Are you paid child support for them? Yes No If yes, enter amount _____

Do you pay child support for them? Yes No If yes, enter amount _____

Are you pregnant (if male, is your partner)? Yes No

Do you have childcare while working or attending employment sessions? Yes No

Do you need help in obtaining or paying for childcare? Yes No

Do you participate in All Kids Care? Yes No

Do you have access to medical care for you and your family? Yes No

Your answer to this question is voluntary:

Do you, a friend, or any member of your family have a history of opioid use?

Please answer "Yes" or "No".

Yes No

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities.

**Workforce Investment Solutions
for Macon & DeWitt Counties**

CONSENT AND AUTHORIZATION FORM

In compliance with the Family Educational Rights and Privacy Act (FERPA) and the Workforce Innovation & Opportunity Act of 2014, Workforce Investment Solutions, as the administrative entity of Title I funds, is responsible for the security and maintenance of customer records and educational records and for monitoring release of information related to those records. It is understood that the information shared between staff from any organization or agency is confidential in its nature and is used solely for the purpose of providing high quality services to you as a customer.

It is further understood by the staff, who will be working with you, that they are responsible for maintaining the highest standards as described in FERPA and WIOA in accessing and using customer records in the daily operation of the One Stop Center. Records are to be maintained in a confidential manner, away from access from non-personnel who may be in the Center as a visitor, a customer, or for any other purpose.

I understand that Workforce Investment Solutions will need information about my employment in order to provide outcome information for this federally funded program. At a minimum, we will need the following information regarding current, past, and future employment: date of hire, employer's name, address, phone, job title, job description, work hours, salary, fringe benefits, and supervisor's name. In addition, copies of pay stubs may be required.

Authorization for Disclosure of Information

- _____ I authorize the release of records and information to other agencies and/or individuals by Local Workforce Area 19 as necessary to enhance or develop my employability skills. I understand staff will contact former employers and/or other agencies to verify information I provide.
- _____ I give my consent for institutions and/or other agencies to release information regarding my academic progress, testing results, and any other pertinent information that would be relevant to my educational process.
- _____ I have received the orientation to the Workforce Innovation & Opportunity Act of 2014, rights and responsibilities' including Equal Opportunity is the Law and grievance/hearing procedures.
- _____ I understand that I may be contacted for a follow-up survey within 1 year after I enter employment. I also understand that customer satisfaction surveys will be conducted and I may be contacted to give feedback as to the services I received.
- _____ I understand the Workforce Innovation & Opportunity Act of 2014 is not an entitlement program, and any services or enrollment is contingent upon funding, as well as my adherence to the conditions of the individual performance contract.
- _____ I certify that I have read and understood the above description of the disclosure of information. I hereby authorize to provide other agencies with all personal information that has been provided by me, or obtained by any or all partner organizations in meeting my needs as a customer. This consent is granted until such time that I am no longer eligible for services offered through Workforce Investment Solutions.
- _____ I have been informed of the employment-related rights and benefits under the Jobs for Veterans Act.

CUSTOMER SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF APPLICABLE)

DATE

STAFF SIGNATURE

DATE

Equal Opportunity Employer/Program ▼ Auxiliary Aides and Services are Available Upon Request for Individuals with Disabilities