

McHENRY COUNTY
WorkforceNetwork



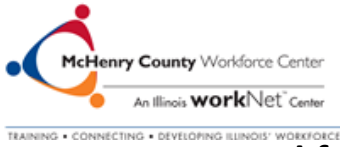
1. Please fill out this application form for the Youth WIOA program
2. It is important that you include all possible barriers to employment so that we can determine if you are eligible to participate in our program.
3. Once you have completed the entire application packet, please get it back to us one of the following ways.
 - a. You can drop it by our Youth Center in the Woodstock Square Mall Building at 110 S. Johnson, Ste 112 Woodstock, IL 60098 or Our adult office at 500 Russel Ct Woodstock, IL 60098
 - b. You can fax it to: 815-206-5203
 - c. You can mail it to: McHenry County Workforce Network
110 S. Johnson, Ste 112
Woodstock, IL 60098
4. Once we receive the application we will initially process it and reach out if additional information is needed or to schedule the next steps in the program.

Return it as soon as possible.

Funding is Limited.

First Come - First Served

AVISO IMPORTANTE! Este documento contiene información importante acerca de los servicios de WIOA. Asistencia para la traducción telefónica de este documento vital, se encuentra disponible en el Centro de Fuerza Laboral del Condado de McHenry. 500 Russel Court, Woodstock, Il 60098.
815-338-7100 ext. 2771



McHenry County Workforce Network Workforce Innovation and Opportunity Act (WIOA) Application

500 Russel Court
Woodstock, IL 60098
815-338-7100

First Name _____	MI ____	Last Name _____
Street Address _____		
City _____	State _____	Zip _____
County _____	Telephone: Home _____	Cell _____
Email Address: _____		

Emergency Contacts – Please list two people (not living with you) for emergency contacts only.

First Name _____	Last Name _____
Relationship _____	Phone _____
First Name _____	Last Name _____
Relationship _____	Phone _____

Private Information – All fields required.

Social Security #: _____ - _____ - _____	Ethnicity - Check one.
Hispanic: ___ Yes ___ No	___ American Indian/Alaskan Native
Gender: ___ Male ___ Female	___ Asian ___ Black ___ White
Birthdate: _____ (Month/Day/Year)	___ Hawaiian/Pacific Islander
Authorization to Work in the U.S. ___ U.S. Citizen	___ Prefer Not to Answer
___ Registered Alien/Refugee	
Males ONLY	
Selective Service Compliant? ___ Yes ___ No ___ NA	
Disability Status	
Do you have a Disability Affecting Employment? ___ Yes ___ No	
If yes, please describe: _____	

Veteran Status

Are you a Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	An Illinois Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list Branch of Service: _____	
Service Dates: From _____ to _____ (month/day/year)	
Nature of Discharge: <input type="checkbox"/> Dishonorable	<input type="checkbox"/> Service-connected Disability
<input type="checkbox"/> Honorable	<input type="checkbox"/> Less than Honorable

Education Status

Attained High School Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	GED completed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest Grade Completed:			
<input type="checkbox"/> No School	<input type="checkbox"/> HS Fresh	<input type="checkbox"/> College Fresh	<input type="checkbox"/> Associates
<input type="checkbox"/> 1st – 5 th Grade	<input type="checkbox"/> HS Soph	<input type="checkbox"/> College Soph	<input type="checkbox"/> Bachelors
<input type="checkbox"/> 6 th - 8th Grade	<input type="checkbox"/> HS Junior	<input type="checkbox"/> College Junior	<input type="checkbox"/> Masters
	<input type="checkbox"/> HS Senior	<input type="checkbox"/> College Senior	<input type="checkbox"/> Doctorate
Associate or Bachelor degree area of study: _____			

Employment Characteristics – Check ONE from EACH column.

<input type="checkbox"/> Employed	<input type="checkbox"/> Receiving Benefits
<input type="checkbox"/> Employed, but received Notice of Termination/Separation	<input type="checkbox"/> Exhausted Benefits
<input type="checkbox"/> Not in Labor Force	<input type="checkbox"/> Not Eligible / Not Determined
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Eligible, but not Receiving
How many weeks since your last employment? _____	

Employment Goal

Are you looking for full-time or part-time work? _____
In what career / job / field would you like to work? _____

Describe your current situation – Check all that apply.

<input type="checkbox"/> Need immediate work	<input type="checkbox"/> Child care issues	<input type="checkbox"/> Special Ed. student
<input type="checkbox"/> Job search assistance	<input type="checkbox"/> Transportation issues	<input type="checkbox"/> Want / Need GED
<input type="checkbox"/> Training for New Skills	<input type="checkbox"/> Financial Problems	<input type="checkbox"/> English as 2 nd Language
		<input type="checkbox"/> Bilingual
Interest in Training? (Check type below.)		
<input type="checkbox"/> School based?	<input type="checkbox"/> Internship / Work Experience?	<input type="checkbox"/> On-the-Job Training?

Sector Area of Interest

<input type="checkbox"/> Business, Management, Professional	<input type="checkbox"/> Healthcare, Medical
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Office Administration, Clerical	<input type="checkbox"/> Transportation, Warehouse, Logistics

Work History – List 10 years of employment, most recent first. Complete ALL Fields

Former Employer _____ Address _____ City _____ State _____ Zip _____	Type of Industry _____ Dates of Employment: Start _____ End _____ Hours per Week: _____ Ending Wage: _____ Hour/Week/Month/Year
Status: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Still Employed, Layoff Pending <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed	
Occupation / Job Title: _____	
Duties, skills, responsibilities, equipment used: _____	

Former Employer _____ Address _____ City _____ State _____ Zip _____	Type of Industry _____ Dates of Employment: Start _____ End _____ Hours per Week: _____ Ending Wage: _____ Hour/Week/Month/Year
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Former Employer _____ Address _____ City _____ State _____ Zip _____	Type of Industry _____ Dates of Employment: Start _____ End _____ Hours per Week: _____ Ending Wage: _____ Hour/Week/Month/Year
Status: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Still Employed, Layoff Pending <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed	
Occupation / Job Title: _____	
Duties, skills, responsibilities, equipment used: _____	

Characteristics and Barriers – Check all that apply.

<input type="checkbox"/> Drug / Alcohol Dependency	<input type="checkbox"/> Supporting myself during job search	<input type="checkbox"/> Experiencing legal issues
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Making realistic career decisions	<input type="checkbox"/> Getting job-related training
<input type="checkbox"/> Offender – Felony	<input type="checkbox"/> Dealing with parole / probation	
<input type="checkbox"/> Offender – Misdemeanor	<input type="checkbox"/> Overcoming physical handicaps	
<input type="checkbox"/> Homeless or risk of being home	<input type="checkbox"/> Overcoming depression / discouragement	

Youth Barriers – Check all that apply.

<input type="checkbox"/> Pregnant / Parenting Youth	<input type="checkbox"/> Foster Child
<input type="checkbox"/> Runaway Youth	<input type="checkbox"/> Youth Aged Out of Foster Care
<input type="checkbox"/> Youth Needing Assistance	<input type="checkbox"/> Subject to Juvenile or Adult Justice System
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Eligible to receive Free or Reduced Price Lunch	<input type="checkbox"/> English Language Learner
<input type="checkbox"/> Within age of Compulsory School Attendance, but not attending School this quarter	

Public Assistance – Check all that apply.

<input type="checkbox"/> Transitional Assistance	<input type="checkbox"/> Supplemental Security	<input type="checkbox"/> SNAP (Food Stamps)
<input type="checkbox"/> Refugee Help	<input type="checkbox"/> Social Security Disability	
<input type="checkbox"/> Transitional Assistance for Needy Families (How many months? _____)		

Family Characteristics – Check only one.

<input type="checkbox"/> Parent in a one-parent family	<input type="checkbox"/> Not a family member / Single or living alone
<input type="checkbox"/> Parent in a two-parent family	<input type="checkbox"/> Other family member / Married or living with others

Please list ALL Members of the HOUSEHOLD (List yourself first.)	Relationship	Age	Has Income?	Income Tax Dependent?
	SELF			

Please continue to back side of page. Signature is required.

Read the following. Please, sign and date.

Notice of Certification: I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized information system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the **Workforce Innovation and Opportunity Act**. (WIOA) post-training follow-up. I hereby acknowledge that if the information relating to eligibility determination and/or post-training follow-up (employment information) requires verification/documentation, by my signature I authorize others to release the information required.

Customer Signature _____ **Date** _____

Parent / Guardian Signature: _____ **Date** _____

McHenry County is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
