

WIOA Application

for Career Planning, Training, and Job Search Services

What Can We Help You With?

- Funding for Training
 Job Search Workshops
 Resume Help
 Interviewing Practice & Information
 Career Exploration & Planning

Your Information

Date: _____ Birthdate: _____

First Name: _____ MI: _____ Last Name: _____

Address _____ Apt: _____ County _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: (____) _____

- Gender: Female Male Prefer not to answer
- Race: American Indian Black Asian White Prefer not to answer
- Ethnicity: Hispanic or Latino
- Veteran Status: Veteran Qualified Spouse of Veteran
- Transitioning Service Member Not a Veteran
- Authorized to Work in U.S. U.S. Citizen Resident Alien Refugee Work Authorization
- Do you have a disability? Yes, what type? _____ No
- Were you laid off from your most recent job? Yes No If yes, which Company? _____
- Were you laid off as a result of the COVID-19 public health emergency? Yes No
- Are you currently receiving, or have you received Unemployment Insurance? Yes No
- Have you exhausted Unemployment Insurance? Yes No

Check all items below that were received by family members within the household in the last 6 months:

- Temporary Aid to Needy Families (TANF)
 SNAP/Food Stamps
 Supplemental Security Income (SSI)

Challenges to Gaining and Keeping Employment

- No GED/HS Diploma Homeless Single Parent
 Offender: Misdemeanor Offender: Felony Drug/Alcohol Dependent

Level of Education

- High School Diploma/GED Some College Associates Degree Bachelor's degree

Work History

Start with your most recent job and work backward.

Current/Last Employer: _____ Hours/week _____
Address, City, State, Zip Code: _____ Wages \$ _____
Job Title: _____ Start Date: _____
Reason for leaving Fired Laid Off Quit Still Working End Date: _____
Job Duties: _____

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Job Title: _____ Start Date: _____
Reason for leaving Fired Laid Off Quit Still Working End Date: _____
Job Duties: _____

If You Are Ages 14-24 Please Check All That Applies

- Free School Lunches
- Run Away
- Pregnant/or Parenting
- Subject to Judicial System
- Do you have an IEP or Documented Disability?
- Foster Child or Aged Out of Foster Care System

Skills and Interests

What are your top 3 skills?

- 1. _____
- 2. _____
- 3. _____

What are your top 3 interests?

- 1. _____
- 2. _____
- 3. _____

What was your most recent job? _____

Describe your job search. For example, how are you looking for work and have you gotten interview requests? Have you been only offered jobs paying substantially less than what you were making at layoff? Is the skill set you have no longer in demand? Feel free to use an additional sheet of paper to provide more details.

What are your goals and how will training help you achieve them?

What is your goal job? _____

What training do you need to achieve your goal job? _____

What credential do you need to achieve your goal job? _____

Specifically, what kinds of skills would you gain from the training program?

1. _____

2. _____

3. _____

What skills & experience do you already possess that you think will help you be successful in your goal occupation?

1. _____

2. _____

3. _____

Training Program Survey

Training Provider/College _____

Name of Training Program _____

Length of Training Program _____

Class Credit Hours _____

Cost of Training Program _____

Are Prerequisites Needed Yes No

Are you seeking a Certificate Associates Degree License

Is Training Online Yes No

Do you have the necessary resources access/complete training online? Yes No

Computer access? Yes No

Are there opportunities for internships/externships? Yes No

Do you have reliable transportation to get to and from school? Yes No

Miles from home to school? _____

Please list any questions that you may have

If you are interested in training complete the request for Training Proposal Packet

Please email this application to ljennings@cefseoc.org or you can print off and mail to
CEFS/WIOA PO Box 928 Effingham, IL 62401 Attn: Laurie