# **DHS Youth Programs for Employment & Education**







#### **Answer Goal Questions**

Tell us as much information as you can. It will help us place you in an appropriate program.



# **Physical Demands**

					Select one 55 pounds 50 pounds (a bale of hay = 50 pounds) 30-40 pounds (5 gallons of water = 40 po 25 pounds (an average 2 year old = 25 po Less Than 25 pounds	vunds) vunds)	
Agreement	Eligibility	Provider	Employment Goals	Physical Demand	Select one 8 hours 6 hours 4 hours 2 hours Less than 2 hours		
Identifying your physical a possible. However, some jo	abilities will he obs require sp	elp match you to a job secific physical abilities	where you can meet the physic s. For example, a forklift driver i	al demands. Spec <sup>7</sup> A accr nodations needs to be ably to ser in order tr	Select one Yes Yes, but I need to get up and move around No	d from time to time	
What is the heaviest load that yo lift in the workplace? *	ou could	Select one			Yes, I am drug free and can pass a drug te Yes, I have been drug free for at least 30 d Yes, I am willing to make changes to be at Yes, I want to be able to pass a drug test,	st lays ole to pass a drug test but I need help	
What is the longest amount of ti you could stand upright in the w *	ime that vorkplace?	Select one			I am not interested in careers that require Select one I can see without glasses or contacts	a drug test	
Are you able to sit for long perio time? *	ods of	Select one		· ·	I can see with glasses or contacts I am legally blind		
Some employers require you to l free for 30-120 days. In those ca will require you to complete a dr Will you be able to pass a drug t	be drug ses, they rug test. test? *	Select one			What work environment do you prefer? Select all that apply <sup>*</sup>	Clerical Construction Customer Service Food Service	
Describe your eyesight or vision:	:*	Select one				Grounds Keeper/Gar Housekeeping Health Services (e.g. Mechanical (e.g. Aut Maintenance Other	dener Pharmacy Tech) o Tech/Manufacturin <u>c</u>
						To continue	select
					Previous Save and Complete La	ter Save and Go To Nex	t Page

# **Background Information**

CYEP APPLICATION Eligibility & Goals Application		
Agreement Eligibility	Provider Employment Goals Physical Demands	Other Items
Some jobs have hiring requirements ba getting a job. For example, if you are a	pased on skills, policies, or laws. Make sure you get trained for a job where your history does a registered sex offender, you will not be able to get a job working with children.	s not keep you from
Do you have a valid drivers license? *	Select one	Select one Yes
Some employers will complete a background check on new employees. Please check all of the following that apply to your situation: * <i>Select all that apply</i>	<ul> <li>I am registered on the sex offender registry</li> <li>I have a violent felony conviction</li> <li>I have a non-violent felony conviction</li> <li>I have a misdemeanor conviction (excluding traffic violations) within the past 7 years</li> <li>I have been on probation in the last 10 years (excluding traffic violations)</li> <li>I am not interested in careers that require a background check</li> <li>None of the above apply to me</li> </ul>	No, but I could get a drivers license if I had training No, I am not able to get a drivers license My license is temporarily suspended
Which of these languages can you speak fluently? * Select all that apply Previous Save and Complete Later	English  Spanish  Chinese  Polish  Other Language  Continue select  Continue to Application	

#### **Details About You**

Illinois workNet user application does not ask for information that is required for the CYEP program.

Information entered from your Illinois workNet user account application will auto-fill this form. Verify it is correct.

The CYEP program requires you to provide your Social Security Number, address, and phone number.

Complete the items with the \* Save and Go to Next Page

0	Information About You	Education Level Employment History Final Questions			
First Name *	Duke				
Last Name *	Lasley	• If you are using a computer that is used			
Email *	dukel@noemail123.com	by others, do not let the computer			
Confirm Email *	dukel@noemail123.com	automatically fill the fields.			
Social Security Number (Format: XXX-XX-XXXX)	783-78-3783	• The info in the system may change your			
Confirm Social Security Number (Format: XXX-XX- XXXX)	783-78-3783	personal information. For example, it could change your name and make it			
Street Address 1 *	783 783rd street	hard to find your account.			
Street Address 2	783				
Street Address 2 City *	783 Elgin				
Street Address 2 City * State *	783 Elgin Illinois	~			
Street Address 2 City * State * ZIP Code *	783 Elgin Illinois 60123	~			
Street Address 2 City * State * ZIP Code * Primary Phone *	783 Elgin Illinois 60123 7837837833				
Street Address 2 City * State * ZIP Code * Primary Phone * Primary Phone Type *	783 Elgin Illinois 60123 7837837833 Mobile				

#### **Details About You**

L CYEP APPL	LCATION			If you do not ha language, select	ve a second None.
Eligibility & Goals Contact Informa	Application tion Information About You	Education Prefer Not to Answ	er	Primary Language *	Select all that apply.  English Arabic Cambodian Cantonese Chinese French
Gender *	Select	Select None			☐ German ☐ Japanese ☐ Korean ☐ Other ☐ Filipino
Date of Birth * Military Status *	1/6/2001 Select	Active Veteran Discharged			☐ Polish ☐ Russian ☐ Sign Language ☐ Spanish ☐ Vietnamese
Marital Status *	Select	Select Married Single		Secondary Language *	Select all that apply.
Ethnicity *	<ul> <li>○ Hispanic or Latino</li> <li>● Non-Hispanic or Latino</li> </ul>	2/ Divorced Other		1	☐ English ☐ Arabic ☐ Cambodian ☐ Cantonese
Race *	Select all that apply.  White  Asian Hawaiian or Pacific Islander				<ul> <li>Chinese</li> <li>French</li> <li>German</li> <li>Japanese</li> <li>Korean</li> <li>Other</li> <li>Filipino</li> <li>Polish</li> </ul>
	Black/African American     American Indian or Alaskan Native     Prefer Not to Answer	Are you registered with	Males 18+ years of age are ask about Selective Service Regist	ked ration.	☐ Russian ☐ Sign Language ☐ Spanish ☐ Vietnamese ☑ None
		Selective Service Number Previous Save	and Complete Later Save and Go To Next Page	evious Save and Complete	To continue select



## **Employment History**

The next portion to complete is about your employment.

If you have had jobs, fill in the information as shown on the right. Click Save and Add Another Job until they have all been added.

If you do not have work history, the image below is what will show.



Have you had a job? <ul> <li>Implayment Status</li> <li>Select</li> </ul>	Contact Information	Information About You	Education Level	Employment History	Final Questic
Employment Status* Select   Employer Name*   Employer Name*   For you currently   Yes   employed by this   employed by this   employed by this   employed to this   Image: State to the select   Employer State *   Select   Employer State *   Select   Image: State to the selec	Have you had a job? *	Yes 🔿 No			
Employer Name*   Are you currently employed by this employed?   No   Start Date*   Image: Imag	Employment Status * Sel	lect	$\sim$		
Are you currently employed by this employed by	Employer Name *				
Start Date       Imilian         End Date       Imilian         Job Title •       Imilian         Street Address       Imilian         Employer City •       Imilian         Select          Employer ZIP Code •       Imilian         Hours Per Week •       Imilian         Exeson For Leaving •       Imilian	Are you currently O Yes employed by this employer?	5			
End Date   Job Title*   Job Title*   Street Address   Imployer City*   Select   Select   Select   Job Duties   Imployer Stare*   Select   Select <t< td=""><td>Start Date *</td><td></td><td></td><td></td><td></td></t<>	Start Date *				
Job Title * Street Address Employer City * Employer State * Select	End Date				
Street Address   Employer City*   Employer State*   Select   Employer ZIP Code*   Iob Duties   Hours Per Week*   Iob Save and Add Another Job	Job Title *				
Employer City*   Employer State*   Select   Employer ZIP Code*   Job Duties   Hours Per Week*   Reason For Leaving*   Save and Add Another Job	Street Address				
Employer State * Select   Employer ZIP Code *	Employer City *				
Employer ZIP Code *  Job Duties  Hours Per Week *  Reason For Leaving *  Save and Add Another Job	Employer State * Sel	lect	~		
Job Duties Hours Per Week * Reason For Leaving * Save and Add Another Job	Employer ZIP Code *				
Hours Per Week * Reason For Leaving * Save and Add Another Job	Job Duties				
Reason For Leaving * Save and Add Another Job	Hours Per Week *				
Save and Add Another Job	Reason For Leaving *				
		Save and Add Another Job			

### **Final Questions**

Contact Information	Information About You	Education Level	Employment History	<b>Final Questions</b>
	<b>V</b>		<b></b>	0
e you working with any of the service	providers below?*			
	Center for Independent Living Community College			
	Illinois Department of Employment Security (IDE	S)		
	Illinois Department of Healthcare and Family Ser	rvices		
	Illinois Department of Human Services Office of	Mental Health & Developmental Disabilities		
	Illinois Division of Rehabilitation Services (IDRS)			
	National Association of Mental Illness (NAMI)			
	Special Education District			
	Veterans Administration			
	Other IDHS Program			
ou did you beer about this program /ll	ingin work Not 2*			
	inois workinet:			
	Email Facebook			
	Family or Friends			
	Local DHS Office			
	Illinois workNet Center			
	Illinois workNet Website			
	Mailings			
	Newspaper or Magazine			
	Radio			
	TV			
	Other			
			]	
	То	continue select		
Previous	Save and Complete Later Save	and Go To Next Page		

# **Review and Submit**

- Review all answers.
- If necessary, make corrections by clicking Edit this Section.
- Click Submit Application at the bottom of the application.
- A box will open.
- Click Submit Application one more time to submit the final application.
- Click Cancel if you need to make corrections. Make the changes and then click Submit Application in both spots.



# **Access Your Tools**

- Once the application is submitted, you can access Illinois workNet – My Dashboard.
- Access all Illinois workNet tools from the Dashboard including:
  - Career Plan
  - Employment 101
  - Bookmarks
  - Resume Builder
  - Program Information like DHS Youth Programs
  - Assessment Results
- Wait for direction before completing specific items.



The Illinois workNet<sup>®</sup> Center System, an American Job Center, is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers may be reached by persons using TTY/TDD equipment by calling TTY (800) 526-0844 or 711. This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. For more information please refer to the footer at the bottom of any webpage at illinoisworknet.com.