



Paper Application for DHS Youth Programs

When adding a customer from the partner customer group page, a new profile is created for the youth if there is not an existing account from a previous provider. There is no need for the youth to create a new Illinois workNet account until you enter the information into the system.

First Name	
Last Name	
Date of Birth	
Email	
Social Security Number	
Zip code	
Street Address	
Street Address 2	
City	
State	
Primary Phone	
Phone Type	Mobile Home Work
Alternate Phone	
Alternate Type	Mobile Home Work
If under 18 need parent or guardian contact information – name, relationship, address phone.	
Do you live in Illinois	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Are you currently in school when school is in session?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select the on item that describes your current in school activity	<input type="checkbox"/> Actively working towards high school diploma <input type="checkbox"/> Actively working towards high school equivalency/GED <input type="checkbox"/> Attended post-secondary training (community college, university, trade school) at least half time



<p>Select one or more that apply to you:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I have been fired or forced to quit one or more jobs <input type="checkbox"/> I or my immediate family receive TANF Benefits <input type="checkbox"/> I or my immediate family receive SNAP benefit <input type="checkbox"/> I would be eligible to receive Free/Reduced lunch at school when I attend school. <input type="checkbox"/> I am homeless, (includes couch surfing) <input type="checkbox"/> I have had or I am currently involved with DCFS – Dept of Children & Family Services <input type="checkbox"/> I have a brother/sister who is a teen parent <input type="checkbox"/> I am a parent of one or more children <input type="checkbox"/> I have an Individual Education Plan (IEP) at school <input type="checkbox"/> I often have a hard time with my school work <input type="checkbox"/> I have been held back one or more grades at school OR My teacher says I am in danger of being held back <input type="checkbox"/> Over the past year, I have skipped school several times <input type="checkbox"/> I am or have been expelled or suspended from high school <input type="checkbox"/> I dropped out of high school / I did not graduate <input type="checkbox"/> Over the past year, I have been in trouble for my behavior <input type="checkbox"/> I have been called a bully by others <input type="checkbox"/> I am under age 18 and regularly left unsupervised after school <input type="checkbox"/> My home is dysfunctional due to mental health or substance use <input type="checkbox"/> I have been and/or I have seen someone in my family suffer mental or physical abuse in our home. <input type="checkbox"/> I have had a friend or a family member die from gun violence <input type="checkbox"/> I live in a community where it is not safe because of crime and/or gun violence <input type="checkbox"/> I have a parent(s) who have been or is currently in jail/prison <input type="checkbox"/> I have a sibling who has been or is currently in jail/prison. <input type="checkbox"/> I have been arrested one or more times in the past. <input type="checkbox"/> I have been held one or more days in jail, prison, or a detention center <input type="checkbox"/> I am in a gang. <input type="checkbox"/> None of the above
<p>What are your immediate employment goals?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Full time <input type="checkbox"/> Part time
<p>How can you travel to training?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Driving
<p>When are you able to work?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekends <input type="checkbox"/> Other
<p>Where do you see yourself in 1 year?</p>	
<p>Where do you see yourself in 5 years?</p>	



<p>What steps have you taken to get there?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Researched Careers, Wages, and Trends <input type="checkbox"/> Researched Training Providers <input type="checkbox"/> Started/Completed Some Training <input type="checkbox"/> Researched/Applied for Financial Aid/Scholarships <input type="checkbox"/> Started or Completed a Resume <input type="checkbox"/> Prepared for an Interview <input type="checkbox"/> Created a Portfolio <input type="checkbox"/> Applied for Jobs <input type="checkbox"/> Updated Online Persona to Align With Your Goals <input type="checkbox"/> Join Student/Trade Organization or Follow Their Social Media <input type="checkbox"/> Network With Others in Your Field of Interest <input type="checkbox"/> Network With Others to Find a Job <input type="checkbox"/> No Actions Taken <input type="checkbox"/> Other
<p>What do you see as your work-related skills/strengths? Include knowledge of operating machines and equipment, ability to type, tools owned, etc. *</p>	
<p>What is the heaviest load that you could lift in the workplace?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 55 pounds <input type="checkbox"/> 50 pounds <input type="checkbox"/> 30-40 pounds <input type="checkbox"/> 25 pounds <input type="checkbox"/> Less than 25 pounds
<p>What is the longest amount of time that you could stand upright in the workplace? *</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 8 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 2 hours <input type="checkbox"/> Less than 2 hours
<p>Are you able to sit for long periods of time? *</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I need to get up and move around from time to time <input type="checkbox"/> No
<p>Some employers require you to be drug free for 30-120 days. In those cases,</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, I am drug free and can pass a drug test <input type="checkbox"/> Yes, I have been drug-free for at least 30 days <input type="checkbox"/> Yes, I am willing to make changes to be able to pass a drug test <input type="checkbox"/> Yes, I want to be able to pass a drug test, but I need help <input type="checkbox"/> I am not interested in careers that require a drug test



<p>they will require you to complete a drug test. Will you be able to pass a drug test? *</p>	
<p>Describe your eyesight or vision: *</p>	<p><input type="checkbox"/> I can see without glasses or contacts <input type="checkbox"/> I an see with gasses or contacts <input type="checkbox"/> I am legally blind</p>
<p>What work environment do you prefer? Select all that apply *</p>	<p><input type="checkbox"/> Clerical <input type="checkbox"/> Construction <input type="checkbox"/> Customer Service <input type="checkbox"/> Food Service <input type="checkbox"/> Grounds Keeper/Gardener <input type="checkbox"/> Housekeeping <input type="checkbox"/> Health Services (e.g. Pharmacy Tech) <input type="checkbox"/> Mechanical (e.g. Auto Tech/Manufacturing) <input type="checkbox"/> Maintenance <input type="checkbox"/> Other</p>
<p>Do you have a valid drivers license? *</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No, but I could get a driver's license if I had training <input type="checkbox"/> No, I am not able to get a driver's license <input type="checkbox"/> My license is temporarily suspended</p>
<p>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></p>	<p><input type="checkbox"/> I am registered on the sex offender registry <input type="checkbox"/> I have a violent felony conviction <input type="checkbox"/> I have a non-violent felony conviction <input type="checkbox"/> I have a misdemeanor conviction (excluding traffic violations) within the past 7 years <input type="checkbox"/> I have been on probation in the last 10 years (excluding traffic violations) <input type="checkbox"/> I am not interested in careers that require a background check <input type="checkbox"/> None of the above apply to me</p>
<p>Application information</p>	<p>Refer to top for address, phone and additional information</p>
<p>Social media account for contact purpose</p>	
<p>Gender</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Answer</p>
<p>Marital Status</p>	<p><input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced</p>



	<input type="checkbox"/> Other
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Race Select all that apply:	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native
Primary Language – Mark with a 1 Mark a Secondary language with a 2	<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other <input type="checkbox"/> Filipino <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Italian
Highest Level of education	<input type="checkbox"/> None <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> HS Freshman <input type="checkbox"/> HS Sophomore <input type="checkbox"/> HS Junior <input type="checkbox"/> HS Senior did not receive diploma <input type="checkbox"/> HS Senior received HS diploma <input type="checkbox"/> GED <input type="checkbox"/> College Freshman <input type="checkbox"/> College Sophomore <input type="checkbox"/> College Junior <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Not Reported <input type="checkbox"/> Received Certificate of Attendance Completion <input type="checkbox"/> Received other Post-Secondary Degree or Certificate <input type="checkbox"/> Received other training degree or certificate
Do you have more degrees,	<input type="checkbox"/> No <input type="checkbox"/> Yes – list items below



<p>certificates, licenses or credentials?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Title <input type="checkbox"/> Institution <input type="checkbox"/> Date Earned <input type="checkbox"/> Credential Type <ul style="list-style-type: none"> <input type="radio"/> HS diploma <input type="radio"/> Certification <input type="radio"/> Diploma <input type="radio"/> License <input type="radio"/> Credential <input type="checkbox"/> Credential Source <ul style="list-style-type: none"> <input type="radio"/> Copy of credential <input type="radio"/> Copy of Certificate <input type="radio"/> Copy of License <input type="radio"/> Copy of Credential
<p>Have you had a job?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes – list work history at least one job <ul style="list-style-type: none"> <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Employed but received notice of termination <input type="checkbox"/> No <ul style="list-style-type: none"> <input type="radio"/> Not in the labor force
<p>Are you working with any of the service providers below?*</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Center for Independent Living <input type="checkbox"/> Community College <input type="checkbox"/> Illinois Department of Employment Security (IDES) <input type="checkbox"/> Illinois Department of Healthcare and Family Services <input type="checkbox"/> Illinois Department of Human Services Office of Mental Health & Developmental Disabilities <input type="checkbox"/> Illinois Department of Human Services Office of Vocational Rehabilitation <input type="checkbox"/> Illinois Division of Rehabilitation Services (IDRS) <input type="checkbox"/> National Association of Mental Illness (NAMI) <input type="checkbox"/> Special Education District <input type="checkbox"/> Veterans Administration <input type="checkbox"/> N/A <input type="checkbox"/> Other IDHS Program
<p>How did you hear about this program/Illinois workNet?*</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> Family or Friends <input type="checkbox"/> Local DHS Office <input type="checkbox"/> Illinois workNet Center <input type="checkbox"/> Illinois workNet Website <input type="checkbox"/> LinkedIn <input type="checkbox"/> Mailings <input type="checkbox"/> Newspaper or Magazine <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Twitter <input type="checkbox"/> Other