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Profile

First Name *	
Last Name *	
Date of Birth *	
Social Security Number *	
Confirm Social Security Number *	
Email *	
Street Address 1 *	
Street Address 2	
City *	
State *	
ZIP Code *	
ZIP Code Plus Four *	
Primary Phone *	
Primary Phone Type *	Mobile, Home, Work
Alternate Phone	
Alternate Phone Type	Mobile, Home, Work
Marital Status *	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other

<p>Ethnicity <i>Select all that apply.</i> *</p>	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <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 <input type="checkbox"/> Prefer not to answer
<p>Gender at Birth *</p>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer
<p>Preferred Gender Identification</p>	<input type="checkbox"/> Female (she/her) <input type="checkbox"/> Male (he/him) <input type="checkbox"/> Non-binary (they/their)
<p>Are you authorized to work in the US? *</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>For males 18+, are you registered with Selective Service System? * If yes, please provide your Selective Service registration number.</p>	<input type="checkbox"/> Yes ○ Selective service number: _____ <input type="checkbox"/> No
<p>Military Status *</p>	<input type="checkbox"/> Active Military <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> War or Combat Veteran <input type="checkbox"/> Retired Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> None

Situation

Do you have any situations that need to be planned around? Please check all that apply.

EDUCATION

- I am currently in school.
 - I am attending high school, junior high, middle, or elementary school.
 - I am attending an alternative high school.
 - I am attending college, technical, or vocational school.
- I have a hard time with reading, writing, and/or math.
- I have trouble with reading or speaking English.
- I dropped out of high school.
- I have not attended high school in the last quarter.
- I need help to enter or complete an educational program, or to secure or hold employment.
 - Tuition/Books/Supplies

- Tools
- Other training materials
- Education/Credential testing fees
- Tuition/Lab fees

PHYSICAL/HEALTH

- I have a disability that makes it hard for me to do certain things.
 - Attention Deficit/Hyperactivity Disorder
 - Autism
 - Blindness or Low Vision
 - Brain Injury
 - Deaf or Hard of Hearing
 - Learning Disability
 - Medical Disability
 - Physical Disability
 - Psychiatric Disability
 - Speech and Language Disability
- I have feelings, fears, or worries that interfere with my ability to accept and maintain work.
- I am taking medication that may affect my ability to work.
- I need help with medical fees and supplies.
- I do not have health insurance.
 - I have applied for health insurance.
- I have health insurance.
 - Public Health Insurance (Medicaid, Medicare, AllKids, etc.)
 - Private Health Insurance (through an employer or a household member's employer)
 - Private Health Insurance (NOT through an employer or a household member's employer)

FAMILY

- I am in foster care.
- I have aged out of foster care.
- I am a runaway.
- I am pregnant.
- I have children and would need help getting childcare.
 - Cost of childcare.
 - Lack of childcare for children with disabilities.
- I provide care to someone and need to make sure that person is cared for while I am at work or in training.
 - I need help caring for an elderly relative.
 - I need help caring for a child or relative with a disability.
 - I need help caring for a sibling.
- I have been a victim of domestic violence.
- I am concerned about the safety of my child from bullying, violence, or a similar issue.
- I need help with some family issues that I am dealing with.
- Family doesn't want me to go.
- I have family or friends that can support me emotionally.
- I need someone to talk to in order to help me through hard times.

FINANCIAL

- Myself or someone in my immediate family receives SNAP benefits.

- Myself or someone in my family receives TANF.
- Myself or someone in my family receives SSI.
- Myself or someone in my family receives state/local cash welfare.
- I live in a high-poverty area.
- I receive a free/reduced-price lunch at school.
- I am having a difficult time paying my bills.
 - I need help with utility bills.
 - I need help getting enough food to eat.
 - I need help with the cost of health services.
 - I need help with getting appropriate clothing for myself and/or my children.
 - I need help getting personal hygiene supplies or services.
 - I need help with getting a cell phone and/or minutes.

LEGAL

- I have criminal charges pending.
- I have had instances/legal problems.
 - Misdemeanor
 - Felony
 - I need help with record expungement
- I am currently on parole or probation.
 - Do you have movement restrictions? What are they?
 - Enter movement restrictions: _____

HOUSING

- I have stable housing and plan on being there for at least 6 months.
- My current housing does not provide enough space for me and my household members.
- I live in a domestic violence shelter.
- I need a permanent place to live. (Homeless)
- I need help with rent arrears (rent that is overdue).
- I need help with utility arrears (utility charges and fees from overdue bills).

Education

Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HSED)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education	<input type="checkbox"/> None <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade

	<input type="checkbox"/> High School Freshman, <input type="checkbox"/> High School Sophomore <input type="checkbox"/> High School Junior <input type="checkbox"/> High School Senior – did not finish/did not earn a high school diploma <input type="checkbox"/> High School Senior – earned high school diploma <input type="checkbox"/> General Education Development (GED)/high school equivalency diploma <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"/> Master’s Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Certificate of Attendance/Completion <input type="checkbox"/> Other Post-Secondary Degree or Certificate
<p>Do you know if you've taken any of these assessments in the last 6 months?</p> <p>If yes, where? May we contact them?</p>	<input type="checkbox"/> TABE (Test for Adult Basic Education) <input type="checkbox"/> CASAS <input type="checkbox"/> ESL (English as a second language) <input type="checkbox"/> Other Where _____ Contact information _____
<p>For individuals who have not taken a basic skills test (TABE, CASA, ESL, other) in the past 6 months, or do not have an Associate’s degree, Bachelor’s Degree, Master’s Degree or Doctorate, answer the following questions:</p> <p><i>Note: These questions are from Attachment A of WIOA Notice No. 19-NOT-01, Change 1</i></p>	
<p>Can you follow basic written instructions and diagrams with no help or just a little help?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Can you fill out basic medical forms and job applications?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Can you do basic tasks on a computer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you speak and read English well enough to get and keep a job?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If this is being completed by a provider,</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Were they able to complete this form on their own?</p>	

ELIGIBILITY CHECK DONE ON ONLINE APPLICATION

Interests

<p>It is useful to identify your goals and how you want your life to be once you are working. It will help you stay motivated. List how your life would be better if you had a higher level of income.</p>	<p>1. * _____</p> <p>2. _____</p> <p>3. _____</p>
<p>Take the Career Cluster Inventory and enter your 1st, 2nd, and 3rd career pathway choices.</p>	<p>Career Path Choice 1: * _____</p> <p>Career Path Choice 2: _____</p> <p>Career Path Choice 3: _____</p>
<p>What type of work would you like to do?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Technical (example: Perform mechanical, information technology, mathematical, or scientific tasks.) <input type="checkbox"/> Management (example: Organize and lead others to reach a common goal.) <input type="checkbox"/> Craftsmen/Foreman (example: Perform a trade or handicraft.) <input type="checkbox"/> Service (example: Cares for or provides services to others.) <input type="checkbox"/> Farm/Other Labor (example: Raise crops/animals or perform physical work.) <input type="checkbox"/> Clerical (example: Perform general office duties.) <input type="checkbox"/> Sales (example: Sell products and/or services.) <input type="checkbox"/> Other
<p>Which best describes your situation?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I would need training to get a job in this field. <input type="checkbox"/> I need to update my skills in order to get a job in this field. <input type="checkbox"/> I already have training in this field and just need help getting a job. <input type="checkbox"/> I have work experience in this field and just need help getting a job.
<p>Complete the self-assessment to help customers rank their strengths and weaknesses on 10 essential employability skills.</p>	<p>Use the Employability Self-Assessment in Illinois workNet, which is linked in the application.</p>

Training

<p>What type of training would be best for you? <i>Select all that apply.</i> *</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Classroom instruction <input type="checkbox"/> Training that I get while on the job (like OJT, apprenticeship, work experience)
<p>What length of time are you willing or able to be in training?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 3 months or less <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 months to a year <input type="checkbox"/> More than a year
<p>Which of the following are you most interested in attending? <i>Select all that apply.</i> *</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A refresher course <input type="checkbox"/> A short certificate program <input type="checkbox"/> A program that leads to an associate degree <input type="checkbox"/> A program that leads to a bachelor's degree <input type="checkbox"/> A program that helps me get a license in my field <input type="checkbox"/> A program that moves me from apprentice to journeyman to master <input type="checkbox"/> Learning on the job
<p>What steps have you already taken? <i>Select all that apply.</i> *</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Researched career, wages, and trends. <input type="checkbox"/> Researched schools in the area. <input type="checkbox"/> Applied to a school. <ul style="list-style-type: none"> <input type="checkbox"/> Name of school: _____ <input type="checkbox"/> Started training already. <input type="checkbox"/> Have researched or applied for financial aid or a scholarship. <input type="checkbox"/> Other _____

Job Goals

<p>What are your immediate goals for employment?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time employment <input type="checkbox"/> I want to go to training and then find a job once I complete my training. <input type="checkbox"/> I am not sure that I want to work right now.
<p>What schedule are you willing to work?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night Shift <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends

Job History

What is your current employment status? *	<input type="checkbox"/> I have not worked before. This will be my first job. <input type="checkbox"/> I am employed. <input type="checkbox"/> I am employed but have received a notice of termination/layoff. <input type="checkbox"/> I am unemployed and have been actively looking for work. <input type="checkbox"/> I am unemployed but have not been actively looking for work.
If you answered yes to ever having a job, please input your work history, identifying the elements listed below for each position held.	
Are you currently employed by this employer? *	
Employer Name *	
Start Date *	
End date *	
Job Title *	
Street Address 1	
Street Address 2	
Employer City *	
Employer State *	
Employer ZIP Code *	
Job Duties *	
Hours worked per week *	
Does this job meet your needs? *	
Why or why not? *	
Reason for leaving *	
Was this your primary employment? *	
Were you self-employed? *	
In your current job or prior jobs, which one did you like the most?	
In your current job or prior jobs, which one did you like the least?	

<p>In your current job or prior job, what work-related skills did you learn? (For example: operate machinery, use a computer, customer service, drive a forklift)</p>	
<p>Are there any jobs that you worked before that you would like to do again?</p>	<p><input type="checkbox"/> Yes</p> <p style="padding-left: 40px;"><input type="radio"/> Which Ones?</p> <p style="padding-left: 40px;">_____</p> <p><input type="checkbox"/> No</p>
<p>Have you earned any occupational credentials or certificates? If yes, enter the credential identifying the elements listed below for each credential received.</p>	
<p>Title *</p>	
<p>Date Earned *</p>	
<p>Credential Type *</p>	<p><input type="checkbox"/> Occupational Skill License</p> <p><input type="checkbox"/> Occupation Skills Certificate or Credential</p> <p><input type="checkbox"/> Other Advanced Education Degree or Occupation Certification</p> <p><input type="checkbox"/> Other</p>
<p>Do you have a degree, certificate, license, or credential? If so, please indicate: *</p>	<p>Do you have work experience in the field that you trained in?</p> <p><input type="checkbox"/> Yes</p> <p style="padding-left: 40px;"><input type="radio"/> Can you still perform the job you have been trained in?</p> <p style="padding-left: 80px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 80px;"><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>

Other Considerations

<p>Some training programs/employers require you to be drug-free for 30-120 days. In those cases, they will require you to complete a drug test.</p> <p>Will you be able to pass a drug test? *</p>	<p><input type="checkbox"/> Yes, I am drug-free and can pass a drug test.</p> <p><input type="checkbox"/> Yes, I have been drug-free for at least 30 days.</p> <p><input type="checkbox"/> Yes, I am willing to make changes to be able to pass a drug test.</p> <p><input type="checkbox"/> Yes, I want to be able to pass a drug test, but I need help.</p> <p><input type="checkbox"/> I am not interested in careers that require a drug test.</p>
<p>How will you get to a training or work site?</p>	<p><input type="checkbox"/> I own a car.</p> <p><input type="checkbox"/> I can get a ride.</p>

	<input type="checkbox"/> I take the bus. <input type="checkbox"/> I can take a train/subway. <input type="checkbox"/> I have no reliable transportation options. <input type="checkbox"/> Other: _____
<p>How far would you be willing to travel to get to a training or to a work site?</p>	<input type="checkbox"/> Less than 5 miles <input type="checkbox"/> Between 6 and 15 miles <input type="checkbox"/> Between 16 and 25 miles <input type="checkbox"/> 26 miles or more
<p>Concerns that I have about getting to and from a training or work site include:</p>	<input type="checkbox"/> The cost of transportation. <input type="checkbox"/> The time it takes to travel. <input type="checkbox"/> Public transportation schedules. <input type="checkbox"/> My car is not reliable. It needs repairs. <input type="checkbox"/> I do not have a valid driver's license. <input type="checkbox"/> I do not have car insurance. <input type="checkbox"/> Other
<p>What is the heaviest load that you could lift in the workplace? *</p>	<input type="checkbox"/> 55 pounds <input type="checkbox"/> 50 pounds (a bale of hay = 50 pounds) <input type="checkbox"/> 30-40 pounds (5 gallons of water = 40 pounds) <input type="checkbox"/> 25 pounds (an average 2-year-old = 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>	<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>	<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>Which of these tests do you think you would be able to pass? *</p>	<input type="checkbox"/> Tuberculosis (TB) Test <input type="checkbox"/> Hepatitis Screening <input type="checkbox"/> I cannot pass any of these tests.
<p>Describe your eyesight or vision: *</p>	<input type="checkbox"/> I can see without glasses or contacts.

	<input type="checkbox"/> I can see with glasses or contacts. <input type="checkbox"/> I am legally blind.
Appearance: *	<input type="checkbox"/> I am willing to have natural colored hair and make-up. <input type="checkbox"/> I do not have tattoos, or I am willing to cover my tattoos during work hours. <input type="checkbox"/> I am NOT willing to have natural hair color and/or make-up or cover my tattoos during work hours.
Taste and Smell: *	<input type="checkbox"/> I am able to tolerate cooking smells, including unpleasant smells. <input type="checkbox"/> I am able to taste the foods I prepare. <input type="checkbox"/> I am NOT able to taste foods or tolerate cooking smells.
Do you have 3 or more motor vehicle tickets/instances (excluding parking tickets) in the past three years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license? *	<input type="checkbox"/> Yes <input type="checkbox"/> No, but I could get a driver's license if I had the training. <input type="checkbox"/> No. I am not able to get a driver's license.
How did you hear about this program?	<input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> Family or Friends <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

The Illinois workNet 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.

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For more [information](#), please refer to the footer at the bottom of any webpage at illinoisworknet.com