



youth career pathways

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YOUTH CAREER PATHWAYS

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Illinois workNet Registration

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Fields with an asterisk (*) are required for registration. Enter your information below to begin using your Illinois workNet account.

First Name*

Last Name*

Date Of Birth*

Email Address*

Confirm Email Address*

Main Number Ext

Alternate Number Ext

ZIP Code*

Secret Question*

Secret Answer*

User Name*

Password*

Confirm Password*

You are required to read and indicate that you agree to the updated Terms and Conditions of this site. Click the following link to read the

YOUTH CAREER PATHWAYS

Get Recommendations

About You

Agreement

WIOA Pre-Screening

Skills and Interests

Provider

Baseline Questions

Recommendations

Illinois workNet helps people reach their training, employment, and career goals.

You will need to have your current and past employment information including start and end dates to complete this intake form.

This intake form contains voluntary questions to help determine if you are eligible for additional services. This information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to help you in identifying additional resources that can assist you. You will not be penalized for your refusal to answer.

Individuals completing this intake form will receive updates and information to help them reach their career, training, and employment goals.

By completing the intake form, you agree to allow WIOA career planners to review your information for potential participation and certify that the information you entered is accurate to the best of your knowledge.

I have read the [Terms of use](#) and [Privacy Policy](#) and agree to complete the application.



Cancel

Start Pre-Screening



Agreement

WIOA Pre-Screening

Skills and Interests

Provider

Baseline Questions

Recommendations

Is your DOB Correct? *

1/2/1997

Are you currently in school (when school is in session)? *

Yes No

Select one or more that apply to you *

- I have a disability and I do not make more than \$1,000/month
- I am homeless
- I am in foster care
- I live in a high poverty area
- I receive a free/reduced price lunch at school
- Someone in my immediate family receives SNAP benefits
- Someone in my family receives TANF, SSI, or state/local cash welfare
- None of the above

Select one or more that apply to you *

- I have a hard time with reading, writing, and/or math
- I have trouble with reading or speaking English
- I have had instances/legal problems (offender)
- I am a runaway
- I aged out of foster care system
- I am pregnant or parenting
- I need help to enter or complete an educational program or to secure or hold employment
- None of the above

Cancel

Save and Go To Next Page



It is important to select a training program in an area in which you are interested. Complete the Career Cluster Inventory (5-10 minutes) to identify which career cluster(s) may be a good fit for you.

STEP 1 Complete Career Cluster Inventory

- Rate 80 activities as: like very much, like, dislike, or not sure.
- This will open in a new window/tab.
- View the results graph to see how your interests match up to each career cluster.
- Come back to this page to complete step 2.

STEP 2 Enter your top three career cluster results below:

First Choice *	<input type="text" value="Health Science"/>
Second Choice *	<input type="text" value="Education and Training"/>
Third Choice *	<input type="text" value="Select"/> <ul style="list-style-type: none">SelectAgriculture, Food, and Natural ResourcesArchitecture and ConstructionArts, Audio/Visual Technology, and CommunicationsBusiness Management and AdministrationEducation and TrainingFinanceGovernment and Public Administration



[Get Recommendations](#)

About You



Select an organization *



Previous

Select an organization *

Youth Build McLean County - 0.0 miles

Youth Build McLean County

360 Wylie Drive
Normal IL 61761

This provider does not offer a program in your first, second, or third choice career areas.
Look at the training programs and related jobs to see if you would like to be in the program.

RECOMMENDED PROGRAMS

Industry	Program Name	Program Length
No Programs Available		

NON-RECOMMENDED PROGRAMS

Industry	Program Name	Program Length
	Forklift Driving	6
	Financial Services Program	13



Are you interested in learning more? *

Select

Learn about the training program by selecting the link.

VIEW PROGRAM ✕

■ = Program Requirement ⓘ

TRAINING PROGRAM DETAILS

Organization: Youth Build McLean County

Training Provider: Lincoln Land Community College

Program Name: Forklift Driving

Description: this is a description of the forklift driving course/program and the benefits of the program.

■ **Industry:** Transportation, Distribution, and Logistics

Address: 2450 Foundation Drive Springfield, IL 62703

Primary Contact: WPP Train10

Projected Number of Participants: 50

NAICS Code to identify an industry for this business: 33392 - Material Handling Equipment Manufacturing

SOC Code for the occupation of this program: 531031 - First-Line Supervisors of Transportation and Material-Moving Machine and Vehicle Operators

Training Program CIP Code: 62703

DISCUSSION QUESTIONS & CONSIDERATIONS

- What would you do if you could start your [dream job](#) tomorrow?
- How much [time](#) are you willing to commit to improve your future?
- Do you meet the [minimum requirements](#)? If you have less than a high school equivalency degree, you may need to complete remediation training before entering training. Some programs require a credential before entering the training program.
- See [how the program is offered](#). Does it include [work](#)?





What are your immediate employment goals? *

- Full time
- Part Time
- Temporary Time

When are you able to work? *

- Day
- Evening
- Night
- Weekends
- Other

What kind of work would you like to do? *

- Professional/Technical
- Management/Officials/Proprietor
- Craftsman/Foreman
- Service
- Farm/Other Labor
- Clerical
- Sales
- Other

Where do you see yourself in 1 year? *

Where do you see yourself in 5 years? *

What steps have you taken to get there? *

- Researched Careers, Wages, and Trends
- Researched Training Providers
- Started/Completed Some Training
- Researched/Applied for Financial Aid/Scholarships
- Started a Resume
- Prepared for an Interview
- Created a Portfolio
- Applied for Jobs
- Updated Online Persona to Align With Your Goals
- Join Student/Trade Organization or Follow Their Social Media
- Network With Others in Your Field of Interest
- Network With Others to Find a Job
- No Actions Taken
- Other

What do you see as your work related skills/strengths? Include knowledge of operating machines and equipment, ability to type, tools owned, etc. *

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How long are you willing to stay in training to reach your goals? *

Select one

How are you able to participate in training? *
Select all that apply

- Classroom Instruction
- Labs
- Day Classes
- Weekend Classes
- Night Classes
- Online Classes
- On-the-job Training/Apprenticeship
- Work Experience

How can you travel to training? *
Select all that apply

- Bus (Public Transportation)
- Train (Public Transportation)
- Driving

How far are you able to travel for training? *

- Less than 5 miles
- 5-15 miles
- 16-25 miles
- More than 25 miles



Identifying your physical abilities will help match you to a job where you can meet the physical demands. Special accommodations are made whenever possible. However, some jobs require specific physical abilities. For example, a forklift driver needs to be able to see in order to drive a forklift.

What is the heaviest load that you could lift in the workplace? *

Select one

- Select one
- 55 pounds
- 50 pounds (a bale of hay = 50 pounds)
- 30-40 pounds (5 gallons of water = 40 pounds)
- 25 pounds (an average 2 year old = 25 pounds)
- Less Than 25 pounds

What is the longest amount of time that you could stand upright in the workplace? *

Select one

- Select one
- 8 hours
- 6 hours
- 4 hours
- 2 hours
- Less than 2 hours

Are you able to sit for long periods of time? *

Select one

- Select one
- Yes
- Yes, but I need to get up and move around from time to time
- No

Which of these tests do you think you would be able to pass? *

- Tuberculosis (TB) Test
- Hepatitis Screening
- I cannot pass any of these tests

Will you be able to pass a drug test? *

Select one

- Select one
- Yes, I am drug free and can pass a drug test
- Yes, I have been drug free for at least 30 days
- Yes, I am willing to make changes to be able to pass a drug test
- Yes, I want to be able to pass a drug test, but I need help
- I am not interested in careers that require a drug test

Describe your eyesight or vision: *

Select one

- Select one
- I can see without glasses or contacts
- I can see with glasses or contacts
- I am legally blind

Appearance: *

Select all that apply

- I am willing to have natural colored hair and make-up
- I do not have tattoos or I am willing to cover my tattoos during work hours
- I am NOT willing to have natural hair color/make-up or cover my tattoos

Taste/Smell: *

Select all that apply

- I am able to tolerate cooking smells including unpleasant smells
- I am able to taste foods I prepare
- I am NOT able to taste foods or tolerate cooking smells



Some jobs have hiring requirements based on skills, policies, or laws. Make sure you get trained for a job where your history does not keep you from getting a job. For example, if you are a registered sex offender, you will not be able to get a job working with children.

Do you have 3 or more motor vehicle ticket/instances (excluding parking tickets) in the past three years? *

Yes No

Do you have a valid drivers license? *

Yes No, but I could get a driver license if I had training No, I am not able to get a driver license

Some employers will complete a background check on new employees. Please check all of the following that apply to your situation: *

Select all that apply

- I am registered on the sex offender registry
- I have a violent felony conviction
- I have a non-violent felony conviction
- I have a misdemeanor conviction (excluding traffic violations) within the past 7 years
- I have been on probation in the last 10 years (excluding traffic violations)
- I am not interested in careers that require a background check
- None of the above apply to me

Which of these languages can you speak fluently? *

Select all that apply

- English
- Spanish
- Chinese
- Polish
- Other Language



Agreement

WIOA Pre-Screening

Skills and Interests

Provider

Baseline Questions

Recommendations

PROVIDER INFORMATION

Youth Build McLean County

360 Wylie Drive
IL 61761

This provider does not have a program that matches your baseline question responses. Look at the non-recommended programs and related jobs to see if you would like to be in the program.

Non-Recommended Training Programs

We compared your answers to nine job requirements. If they did not match up, then the program was not recommended. Take a look at the list below and see if you could participate in any of these programs.

Program Name	Industry	Distance	Screening	Drug Test	Vision	Appearance	Taste / Smell	Vehicle Tickets	Valid License	Background Check	Overall Recommendation
Forklift Driving	No	7.6 Miles	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Financial Services Program	No	173.5 Miles	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No

Learn about the training program by selecting the link.

VIEW PROGRAM x

■ = Program Requirement ⓘ

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- See [how the program is offered](#). Does it include work

Are you interested in learning more? *

Select



Previous

Contact Information

Information About You

Education Level

Employment History

Potential Barriers

Final Questions

First Name *

Last Name *

Email *

Confirm Email *

Social Security Number
(Format: XXX-XX-XXXX) *

Confirm Social Security
Number (Format: XXX-XX-
XXXX) *

Street Address 1 *

Street Address 2

City *

State *

ZIP Code *

Primary Phone *

Primary Phone Type *

Alternate Phone

Alternate Phone Type

❖ If you are using a computer that is used by other people, do not let the computer automatically fill in the fields.

❖ The info in the system may change your personal information. For example, it could change your name and make it hard to find your account.

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Contact Information

Information About You

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Potential Barriers

Final Questions

Gender *

- Select
- Male
- Female
- Prefer Not to Answer

Date of Birth *

Military Status *

- Select
- None
- Active
- Veteran
- Discharged

Marital Status *

- Select
- Married
- Single
- Divorced
- Other

Ethnicity *

Select all that apply.

- White
- Hispanic
- Asian
- Hawaiian or Pacific Islander
- Black/African American
- American Indian or Alaskan Native
- Prefer Not to Answer

Are you authorized to work in the US? *

Yes No

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Highest Level of Education *

Can you still perform the job you have been trained in? *

Do you have more degrees, certificates, licenses, or credentials? *

Yes No

- Select
- None
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- H.S. Freshman
- H.S. Sophomore
- H.S. Junior
- H.S. Senior - Did not Receive H.S. Diploma
- H.S. Senior - Received H.S. Diploma
- GED
- Col. Freshman
- Col. Sophomore

- Select
- Yes
- No
- I have not been trained for a specific job

Your Credentials

Previous Save and Complete Later Save and Go To Next Page

Do you have more degrees, certificates, licenses, or credentials?

Title *

Institution *

Date Earned *

Credential Type *

Credential Source *

Save and Add Another Certificate

Get Recommendations **About You**

Contact Information ✓ Information About You ✓ Education Level ✓ Employment History ○

Have you had a job? *
 Yes No

Employment Status *
Select

Your Employment History

Previous Save and Complete Later Save and Go To Next Page

Employer Name *

Are you currently employed by this employer? Yes No

Start Date *

End Date

Job Title *

Street Address

Employer City *

Employer State * Select

Employer ZIP Code *

Job Duties

Hours Per Week *

Reason For Leaving *

Save and Add Another Job

- Select
- Employed
- Not In Labor Force
- Unemployed
- Employed But Received Notice Of Termination



Which of the following do you think will make it hard for you to get a job?*

- Disability
- Criminal Charges Pending
- Ex-Offender
- Homeless
- Language Barrier
- Limited Education or Training
- Limited Transportation
- Limited Work History/Experience
- No Child Care
- Substance Use
- Family/Friends Related Issues
- Personal/Emotional/Health Issues
- No Barriers

Get Recommendations

About You

Contact Information

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Final Questions

youth career
pathways

How did you hearing about this program/Illinois workNet?*

- Email
- Facebook
- Family or Friends
- Illinois workNet Center
- Illinois workNet Website
- LinkedIn
- Mailings
- Newspaper or Magazine
- Radio
- TV
- Twitter
- Other

Previous

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CONTACT INFORMATION

[Edit this Section](#)

First Name: Sam

Last Name: Yeti

Email: syeti@noemail123.com

Social Security Number (Format: XXX-XX-XXXX): XXX-XX-5623

Street Address 1: 23

Street Address 2:

City: chatham

State: IL

ZIP Code: 62629

ZipPlus4:

Primary Phone: 2178958956

Alternate Phone:

INFORMATION ABOUT YOU

[Edit this Section](#)

Gender: Female

Date of Birth: 1/2/1997

Military Status: None

Marital Status: Other

Ethnicity

Hawaiian or Pacific Islander

Are you authorized to work in the US?: Yes

EDUCATION LEVEL

[Edit this Section](#)

Highest Level of Education: H.S. Senior - Received H.S. Diploma

Degrees, Certificates, Licenses, and Credentials No Credentials Entered

EMPLOYMENT HISTORY

[Edit this Section](#)

Employment Status: Not In Labor Force

Have you had a job?: No

Employment History No Employment Entered

POTENTIAL BARRIERS

- ❖ Review your intake form.
- ❖ Edit the information if needed.
- ❖ Submit the form.

CONGRATULATIONS!

Thank you for completing your intake form.

You can submit your intake form for review. You cannot change it once submitted.

Once your intake form is submitted, let your career planner know that you are done.

Note: This information will be sent to your Illinois workNet account as a message.

Cancel

Submit