

JOB TRAINING AND ECONOMIC DEVELOPMENT (JTED)  
APPLICATION – Barrier Reduction Only

Profile

First Name:

Last Name:

Date of Birth:

Social Security Number:

Email:

Street Address 1:

Street Address 2:

City:

State:

Zip Code (Plus 4):

Primary Phone Number:

Phone Type:  Mobile  Home  Work

Alternate Phone Number:

Phone Type:  Mobile  Home  Work

Marital Status:  Married  Single  Divorced  Other

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## Profile

Race: (Pick any that apply)

- American Indian or Alaskan Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- Unknown

Ethnicity:

- Cuban
- Mexican, Mexican American, Chicano/a
- Non-Hispanic/Latino
- Puerto Rican
- Another Hispanic, Latino or Spanish Origin
- Unknown

Gender at Birth:  Female  Male  Prefer not to answer

Preferred Gender Identification:  Female  Male  Non-binary

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Are you authorized to work in the US?  Yes  No

Are you registered with Selective Service?  Yes  No

(Only required if Male and 18 or over)

Selective Service Number:

### Military Status:

- Active Military
- Recently Separated Veteran
- War or Combat Veteran
- Retired Veteran
- Disabled Veteran
- Dishonorable Veteran
- None

### Select the option that best describes you situation.

- I am unemployed.
- I received a termination notice within the last 90 days.
- I am qualified to have a higher skilled position than my current job.
- I am interested in receiving training to advance my career with my current employer. (If selected, collect the employer address and use it for eligibility.)
- I have situations that prevent me from working.
- I am employed but need skills to increase my employment options
- I am a youth in school and in a training program
- None of the above

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Do you or your household receive public assistance?  Yes  No

How many people are in your household?

What is your household monthly income?

(Not required if they receive public assistance.)

How have you been negatively impacted by COVID?

(Ask only if the participant or provider's address is not in a QCT or DIA.)

- No negative impact
- Unemployed
- Increased food or housing insecurity
- Health Related
- Lost instructional time in K-12 schools

(Any student that lost access to in-person instruction for a period of time.)

What other training program is the applicant participant in? (Select all that apply)

- Apprenticeship Illinois
- Illinois Works
- Title 1B
- Youth Career Pathways
- Other (Indicate the complementary program)

- Other - Does not know name now (Can update after enrollment)

- SOC Code for the occupation of this program (Can update after enrollment)

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Signature

I (participant) declare that all the information submitted in the application is correct, true, and valid. I will present the supporting documents as required.

Participant Signature

Date

Case Manager's Signature

Date