How to Complete the EPIC Application







Complete the EPIC Application

This PowerPoint will give step-by-step instructions on how to complete the EPIC Pilot Program application.



Get to the Application



- 1. Go to illinoisworknet.com.
- 2. Log-in
 - Get Username and Password from Facilitator.
- 3. Click the down arrow on My Dashboard.
- 4. Select EPIC.
- 5. Select "Start your application".

NOTE: You can only complete an application if you have been invited to EPIC.

Accept the Terms of Use and Privacy Policy

Select the checkmark to agree to the Terms of Use and Privacy Policy and then click "Start Application".

Agreement

This application will be used to determine if you are eligible for the EPIC program.

You will need to have your current and past employment information including start and end dates to complete this application. Expect to spend 15-60 minutes completing this application. Completion time will vary based on the number and type of programs selected.

This application 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 the EPIC program study and affirmative action requirements, and to help you in identifying additional resources that can assist you. You will not be penalized for refusal to answer.

By completing the application, you agree to allow EPIC program staff to review your information for potential participation and certify that the information you submitted is accurate to the best of your knowledge. Training provider staff will be able to review your information to develop an individualized services, training, and employment plan and identify your program outcomes and accomplishments.

Individuals participating in this program will receive updates and information to help them reach their career, training, and employment goals.

lacksquare I have read the Terms of use and Privacy Policy and agree to complete the application.

Cancel

Start Application



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Double Check Your Contact Info

Contact Info

First Name: Aaron

Last Name: Brooks

Social Security Number: xxx-xx-6978

Address: 392 3rd St. Decatur, IL 37263 Date of Birth: 3/6/1974

Is the information above correct?

Yes No

You must identify if your contact information is accurate.

Click "No" to update your information if it is incorrect.

Click "Yes" to bypass this step if your info is correct.



Correct Contact Info As Needed

Correct areas that contain inaccurate or missing information.

As you're completing the application, note that red asterisk's (*) identify items that are required.

First Name *	Aaron
Last Name *	Brooks
SSN *	xxx-xx-6978
Birthday *	3/6/1974 12:00:00 AM
Street Address 1 *	392 3rd St.
Street Address 2	
City *	Decatur
State *	Illinois
ZIP Code *	37263
	Lookup your Zipcode



Enter Additional Contact Info

Identify your primary telephone number and its type (mobile, home, or work). You can optionally add a secondary phone number and your email address.

Primary Phone *		
	Do Not Have a Phone	
Primary Phone Type *	Select	
Secondary Phone]
Secondary Phone Type	Select]
Email Address]
Confirm Email]

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Finish Entering Your Contact Info

If your workNet account is new, you will also be asked to update your password and add a Secret Question (which you will need if you ever need to reset your password).

When complete, click the button that says: Save and Go To Next Page.

New Illinois workNet Password *	
Confirm Illinois workNet Password *	
Security Question *	Select
Security Answer *	
	Previous Save and Complete Later Save and Go To Next Page

Select Your Top 3 Career Interest Areas

Use the drop-down options to identify Career pathways that interest you. These should relate to the research you did. You can choose up to three, but only one choice is required. When complete, click the button that says: Save and Go To Next Page.





Answer Baseline Questions

Baseline Questions

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

- 10 weeks or less
- O Up to 24 weeks
- O Up to 36 weeks
- O Up to 52 weeks
- O Up to 64 weeks
- More than 65 weeks

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

Estimate how long you think you would be able to stay in a training program.

Think about what types of training you will most likely succeed in.



Answer Baseline Questions (continued)

How can you travel to training? * Select all that apply.	Do you live by a bus/train stop? Do you have reliable access to a vehicle?
Train (Public Transportation)Driving	
How far are you able to travel for training? *	Think about what distance you
Less than 5 miles	can realistically travel every
5-15 miles	day for training?
16-25 miles	ady for training.
More than 25 miles	
Previous	Save and Complete Later Save and Go To Next Page

Physical Demands

Physical Demands Impacting Training Selection

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? *

- 55 pounds
- 50 pounds (a bale of hay = 50 pounds)
- ③ 30-40 pounds (5 gallons of water = 40 pounds)
- 25 pounds (an average 2 year old = 25 pounds)
- Less than 25 pounds

Estimating is okay for these two questions.

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

- 8 hours
- 6 hours
- Ø 4 hours
- 2 hours
- Less than 2 hours

Physical Demands (Continued)

Are vou	able	to	sit	for	lona	periods	of	time?
	Tool and the set		2011	1.000		and the set of the	200	the First F

O Yes

O Yes, but I need to get up and move around from time to time.

O No

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

Select all that apply.

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

Answer these questions to the best of your ability.

Some training programs/employers require you to be drug free fro 30-120 days. In those cases, they will require you to

complete a drug test. Will you be able to pass a drug test? *

- O Yes, I am drug free and can pass a drug test.
- Yes, I have been drug free for at least 30 days.
- O 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.

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Physical Demands (Continued)

Describe your eyesight or vision: *

- I can see without glasses or contacts.
- I can see with glasses or contacts.

I am legally blind.

Answer these questions to the best of your ability.

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.

Previous

Save and Complete Later

Save and Go To Next Page





Other Items

Some jobs have hiring requirement 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?*

O Yes

O No

Do you have a valid driver license?*

O Yes

O No, but I could get a driver license if I had the money or training.

O No. I am not able to get a driver license.

These questions will identify any other items that may impact a training selection.

Answer these questions to the best of your ability.

Other Items

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.

	- Env	aliob	
		151	
		· · · ·	

- Spanish
- Chinese
- Polish
- Other

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Save and Complete Later

Save and Go To Next Page

These questions will identify any other items that may impact a training selection.

Answer these questions to the best of your ability.

Employment Goals

`				_
		What are your immediate employment goals? *		
		Full Time		
		Part Time	Th	ase questions focus on
		Temporary Time		lese questions locus on
		When are you able to work? *	W	hat kind of employment
		Select all that apply.	VC	ou are currently looking.
		 Day Evening Night Weekends Other 		
	What kind Select all th	What kind of work would you like to do? * Select all that apply. Professional/Technical Management/Officials/Proprietor Crafteman	No m th	ote that you can select ore than one answer for e 2 nd and 3 rd questions.
		 Craftsman/Foreman Service Farm/Other Labor Clerical Sales Other 		

Employment Goals (Continued)



Where do you see yourself in 1 year? *

Characters Left: 1000

Where do you see yourself in 5 years? *

Characters Left: 1000

What steps have you taken to get there? *

Select all that apply.

- Researched career, 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
- Update 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
- None of the above

Other

These questions focus on your long-term goals. Have you thought about where you want to be in 1-5 years?

the best of you
ths? Include knowledge of operating m

Information About You

Gender *	Select			•	
Military Status *	Select			•	
Marital Status *	Select			•	
Ethnicity *	at apply				
	White Hispan Asian Hawaiia Black/A Americ	ic an or Pacific Is African Americ an Indian or A	slander an Alaskan Native	These question additional information about you.	ons provide ormation
Are you a	Prefer uthorized to Yes No	Not to Answei	e US? *		
		Previous	Save and Complete Later	Save and Go To Next Page	

ucation	Level
	ucation

Highest Level of	Education Completed *	H.S. Senior - Attained H.S. Dip	loma	T
Highest Level of Education Completed * Select None 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade 6th Grade 7th Grade	u have more degrees, ce Title *	ertificates, licenses or credentia	These questions focu education history – y multiple degrees, cer licenses, or credentia	s on your ou can ado tificates, als.
8th Grade H.S. Freshman H.S. Sophornore H.S. Junior H.S. Sanor, Did not Attain H.S. Dialogna	Date Earned			
H.S. Senior - Did Hot Attain H.S. Diploma GED Col. Freshman Col. Sophomore Col. Junior Associate Degree	Certificate Type *	Select Save and Add Another Certifi	• cate	
Bachelor's Degree Masters Doctorate Not Reported Attained Certificate of Attendance/Completion Attained Other Post-Secondary Degree or Certificate	Your Certificates Previous	Save and Complete Later	Save and Go To Next Page	

Employment History



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Employment History – Adding Job(s)

Employer Name *			
Are you currently empl	loyed by this employer? Yes No	If you selected that y employed or have ha job, you will be prom add that employmen information.	ou are d a past pted to t
End Date			
Job Title *			
Street Address 1			
Street Address 2			
City *			

Employment History – Adding Job(s)

State *	Select
ZIP Code *	
Job Duties *	
Hours Per Week *	
Reason For Leaving	
Can you still perform t	he job you have been trained in?
	Yes
	No Lhave not been trained for a specific job
	To add another jo
Previous	Save and Add Another Job Save and Complete Later Save and Go To Next Page

Potential Barriers

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

Select all that apply.

- Disability
- Criminal Charges Pending or Ex-Offender
- Financial Issues
- Housing/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
- State ID/Drivers License
- None of the above
- Other

IMPORTANT: This information is only viewed by your case worker/career planner.

Answer this question to the best of your ability.

Previous

Save and Complete Later

Save and Go To Next Page

Final Questions

Are you working with any of the service providers listed below? *

Select all that apply.

- Center for Independent Living
- Community College
- Illinois Department of Employment Security (IDES)
- Illinois Department of Healthcare and Family Services
- Illinois Department of Human Services Office of Mental Health & Developmental Disabilities
- Illinois Department of Human Services FCRC
- Illinois Division of Rehabilitation Services (IDRS)
- National Association of Mental Illness (NAMI)
- Special Education District
- Veteran's Administration (VA)
 - None of the above
 - Other

Think about which providers you are currently working with and answer to the best of your ability.

Final Questions (Continued)

How di	d you hear abo	ut Illinois wo	rkNet? *				
Select a	all that apply.						
	Email						
	Facebook						
	Family or Friends						
	Illinois workNet Center						
	Illinois workNet Website						
	LinkedIn						
	Mailings						
	Newspaper or Magazine						
	Radio						
	T.V.						
	Twitter						
	Other						
		Previous	Save and Complete Later	Save and Go To Next Page			
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Review & Submit Your Application

Preview

Please review your application to make sure everything is correct.

Contact Information

Edit this Section

You have indicated that your contact information was not correct. Here is the updated information you provided.



When you are finished reviewing your application, click "Submit Application".

Submission Confirmation

Use this confirmation screen to finalize your application submission.

You can click "Cancel" if you need to make a change to your application.

Submit Application

Congratulations!

Thank you for completing the EPIC application.

You can submit your application for review. You cannot change it

After it is submitted:

- This site will take you to the NOCTI passcode page. You w passcode from today's presenter and/or assistant.
- 2. Once you enter the code, you can begin the test. You will have up to 2 hours to complete the test.
- Then within one week, your information will be reviewed to see if you are eligible for the program. You will have a follow-up meeting to discuss your eligibility and next steps.

Cancel

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

Click "Submit Application" to submit your application for review.