## WIOA Pre-screening Form

The WIOA Pre-screening form is the standard base to program applications. When customers apply to a program these questions will be asked at a minimum. If additional questions are needed for specific program requirement, they can be added for that program application.

The information collected in the WIOA Pre-screening Form will be used to populate Illinois workNet where appropriate. This includes populating areas of the ISTEP.

Red = Required

1. Log in
2. Are you authorized to work in the US? (Yes/No)
3. Are you registered for selective service (Applies only to males born after Dec 31, 1959 and at least 18 years of age? (yes/no/does not apply to me) If you are unsure about this step, go to [Selective Service System website](https://www.sss.gov/Home/Verification) to and check your registration and learn more.

If no to one or more – present message you are not currently eligible for staff assisted WIOA services. (direct them to complete short form)

If yes to both or yes/does not apply to me, – present message you may be eligible for staff assisted WIOA services. Complete the long form

# Overview/ Agreement

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

This application will be used to determine if you are eligible for WIOA programs.

You will need to have your current and past employment information including start and end dates to complete this application. Expect to spend 15-20 minutes completing this application.

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 record keeping 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.

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

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

* I have read the [Terms of use](http://www2.illinoisworknet.com/Pages/TermsConditions.aspx) and [Privacy Policy](https://www2.illinoisworknet.com/Pages/PrivacyPolicy.aspx) and agree to complete the application.

# Page 1: Contact Information

First Name (text box – pulls in existing information if available)

Middle Name (text box – pulls in existing information if available)

Last Name (text box – pulls in existing information if available)

Email Address (text box – pulls in existing information if available)

Confirm Email Address (text box)

Social Security Number (text box: xxx-xx-xxxx)

Confirm Social Security Number (text box: xxx-xx-xxxx)

Street Address 1 (text box – pulls in existing information if available) do we want to add a select option for I am homeless?

Street Address 2 (text box – pulls in existing information if available)

City (text box – pulls in existing information if available)

State (text box – pulls in existing information if available)

ZIP Code (text box – pulls in existing information if available.)

ZIP Code Plus Four (text box – pulls in existing information if available. Auto populates based on address)

Primary Phone (text box: xxx-xxx-xxxx) or select I do not have a phone.

Primary Phone Type (Mobile, Home, Work)

Alternate Phone (text box: xxx-xxx-xxxx)

Alternate Phone Type (Mobile, Home, Work)

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# Page 2: Initial Questions

*(In ISTEP -**add this link at the top of each tab - Show/Hide Application: Initial Questions)*

Which option best describes how this program/Illinois workNet can help you? **(use these in the short form)**

* Find a job
	+ Are you looking for the same type of work that you have done before? (Yes/No)
	+ How quickly are you looking for your next job? (Immediately, Within the next 6 months, More than 6 months from now)
* Develop skills for a new career
	+ Are you looking for training for the same type of work that you have done before? (Yes/No)
	+ How quickly are you trying to get into a training program? (Immediately, Within the next 6 months, More than 6 months from now)
* Advance your career
	+ Are you looking for training for the same type of work that you have done before? (Yes/No)
	+ How quickly are you trying to get into a training program? (Immediately, Within the next 6 months, More than 6 months from now)

Select an Illinois workNet Center location works best for you? (drop down)

# Page 3: Employment Goals

(In ISTEP - use these to populate the Career Planning)

What are your employment goals?

* Full Time
* Part Time
* Temporary Time

When are you able to work?

*Select all that apply.*

* Day
* Evening
* Night
* Weekends
* Other: Explain

What kind of work would you like to do?

*Select all that apply. (add examples for each of these or make better descriptions)*

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

Where do you see yourself in 1 year? (text box)

Where do you see yourself in 5 years? (text box)

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
* Other

What do you see as you work related skills/strengths? Include knowledge of operating machines and equipment, ability to type, tools owned, etc. (keywords – start auto filling and populate list)

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# Page 4: Information About You

Gender (Female, Male, Prefer not to answer)

Date of Birth (calendar/text box)

Military Status (None, Active, Veteran, Discharged)

Marital Status (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

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# Page 5: Education Level

*(In ISTEP -**add this link at the top of each tab - Show/Hide Application: Education Level)*

Highest Level of Education (Drop down menu: 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 attain H.S. Diploma, H.S. Senior – Attained H.S. Diploma, GED, Col. Freshman, Col. Sophomore, Col. Junior, Associates Degree, Bachelor’s Degree, Masters Doctorate, GED, Certificate of Attendance/Completion, Other Post-Secondary Degree or Certificate)

Do you have more degrees, certificates, licenses or credentials? (These fields are only required if the applicant is entering a credential/certificate. The applicant can add multiple entries. They can delete entries as well.) (update with the standard CTI language)

Title (text box)

Date Earned

Certificate Type (Drop down menu - H.S. Diploma/Equivalency/ GED, A.A. or A.S. Diploma/Degree, B.A. or B.S. Diploma/Degree, Occupational Skill License, Occupation Skills Certificate or Credential, Other Advanced Education Degree or Occupation Certification, Other)

Can you still perform the job you have been trained in? Yes/No/I have not been trained for a specific job.

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# Page 6: Employment History

*(In ISTEP -**add this link at the top of each tab - Show/Hide Application: Employment History – only include employment status and employment history)*

Employment Status (Employed, Not in Labor Force, Unemployed, Employed but Received Notice of Termination)

Have you had a job? Yes/No (**Additional fields are only required if they answer yes**. The applicant can add multiple entries. They can delete entries as well.)

Are you currently employed by this employer? Yes/no

Employer Name (text box)

Start Date (calendar/text box)

End date (calendar/text box- only required if they are not currently employed with this employer)

Job Title (text box)

Street Address 1 (text box – set to autofill)

Street Address 2 (text box)

Employer City (text box)

Employer State (drop down menu)

Employer ZIP Code (text box)

Job Duties (autofill/create skills list)

Hours worked/week (text box – number required)

(If current employer) Does this job meet your needs? Yes/No - Why or why not? (text box)

(If not the current employer) Reason for leaving (text box)

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# Page 7: Potential Barriers to Employment

(In ISTEP - use these to populate the Personal Development tab)

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
* 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
* (get a copy of youth eligibility/barriers – from jim – sent Jim an email.)

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**(If Disability is selected, the following questions are displayed. This matches DEI Round 5.)**

Do you have any of the following disabilities? \*

Select all that apply.

* Attention Deficit/Hyperactivity Disorder
* Autism
* Blindness or Low Vision
* Brain Injury
* Deaf/Hard of Hearing
* Learning Disability
* Medical Disability
* Physical Disability
* Psychiatric Disability
* Speech and Language Disability

Did your most recent employer provide you with any of the following benefits? \*

Select all that apply

* Customized Employment
* Flexible Hours
* Health Insurance
* Job Sharing
* Sick Leave
* Vacation
* Work From Home
* None Of Above

Are you currently a Ticket to Work participant?

* Yes
* No

Have you ever received Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)?

* Yes
* No

Do you receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)?

* Yes
* No

Do you need any special reminders to attend to your daily activities or chores?

* Yes
* No

Do you take care of anyone else such as wife/husband, children, grandchildren, parents, friends, other?

* Yes
* No

Does your disability significantly hamper your ability to work?

* Yes
* No

Does your disability affect your ability to:

Select all that apply

* Dress
* Shopping
* Prepare your own meals
* Drive a car

# Page 8: 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 Office of Vocational Rehabilitation
* Illinois Division of Rehabilitation Services (IDRS)
* National Association of Mental Illness (NAMI)
* Special Education District
* Veterans Administration
* N/A
* Other (If selected, required text in text box.)

How did you hear about this program/Illinois workNet?

*Select all that apply.*

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

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# Page 9: Preview

View of fields and data selected/entered.

Provide option to update the information or submit the application for review.