



Paper Application for DHS Youth Programs

When adding a customer from the partner customer group page, a new profile is created for the youth if there is not an existing account from a previous provider. **There is no need for the youth to create a new Illinois workNet account until you enter the information into the system.**

Information to "Add Customer" Invite the customer to participate in your program			
First Name		Date of Birth	
Last Name		SSN	<i>Don't add on invite</i>
Email		Zip code	
Eligibility			
Do you live in Illinois?*			<i>No disqualifies youth</i>
Are you authorized to work in the U.S.?*			<i>No disqualifies youth</i>
Are you currently in school (when school is in session)? *		<i>If no: Do you have a high school diploma or equivalent? *</i>	
		<i>If no: Would you be willing to go back to school? *</i>	<i>No disqualifies youth</i>
Select one or more that apply to you *			
<input type="checkbox"/>	I do not have work experience.	<input type="checkbox"/>	I am or have been expelled or suspended from high school
<input type="checkbox"/>	I have been fired or forced to quit one or more jobs	<input type="checkbox"/>	I dropped out of high school / I did not graduate
<input type="checkbox"/>	No one in my household is employed.	<input type="checkbox"/>	I have a brother/sister who dropped out of school.
<input type="checkbox"/>	I or my immediate family receive TANF Benefits	<input type="checkbox"/>	Over the past year, I have been in trouble for my behavior
<input type="checkbox"/>	I or my immediate family receive SNAP benefits	<input type="checkbox"/>	I have been a victim of bullying.
<input type="checkbox"/>	I would be eligible to receive Free/Reduced lunch at school when I attend school.	<input type="checkbox"/>	I have been called a bully by others
<input type="checkbox"/>	I live in a single-parent household.	<input type="checkbox"/>	I am under age 18 and regularly left unsupervised after school
<input type="checkbox"/>	I am homeless, (includes couch surfing)	<input type="checkbox"/>	My home is dysfunctional due to mental health or substance use.
<input type="checkbox"/>	I have had or I am currently involved with DCFS – Dept of Children & Family Services	<input type="checkbox"/>	I have been and/or I have seen someone in my family suffer mental or physical abuse in our home.
<input type="checkbox"/>	I have a brother/sister who is a teen parent	<input type="checkbox"/>	I have had a friend or a family member die from gun violence
<input type="checkbox"/>	I am pregnant.	<input type="checkbox"/>	I live in a community where it is not safe because of crime and/or gun violence
<input type="checkbox"/>	I am a parent of one or more children	<input type="checkbox"/>	I have a parent(s) who have been or is currently in jail/prison
<input type="checkbox"/>	I identify as LGBTQ or non-binary.	<input type="checkbox"/>	I have a sibling who has been or is currently in jail/prison.
<input type="checkbox"/>	I have a disability.	<input type="checkbox"/>	I have been arrested one or more times in the past.
<input type="checkbox"/>	I have an Individual Education Plan (IEP) at school	<input type="checkbox"/>	I have been held one or more days in jail, prison, or a detention center
<input type="checkbox"/>	I often have a hard time with my schoolwork	<input type="checkbox"/>	I have a parent or sibling who has been or is currently a member of a gang.
<input type="checkbox"/>	I have been held back one or more grades at school OR My teacher says I am in danger of being held back	<input type="checkbox"/>	I am in a gang.
<input type="checkbox"/>	Over the past year, I have skipped school several times	<input type="checkbox"/>	None of the above – <i>checking this disqualifies the youth</i>
Employment Goals			
What are your immediate employment goals?	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	
How can you travel to training?	<input type="checkbox"/> Bus	<input type="checkbox"/> Driving	<input type="checkbox"/> Bicycle/Scooter
	<input type="checkbox"/> Train	<input type="checkbox"/> Walking	<input type="checkbox"/> Driven by others
When are you able to work?	<input type="checkbox"/> Day	<input type="checkbox"/> Weekends	
	<input type="checkbox"/> Evening	<input type="checkbox"/> Other	
	<input type="checkbox"/> Night		
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.			



Where do you see yourself in 1 year?	
Where do you see yourself in 5 years?	
What steps have you taken to get there?	<input type="checkbox"/> Researched Careers, Wages, and Trends <input type="checkbox"/> Applied for Jobs <input type="checkbox"/> Researched Training Providers <input type="checkbox"/> Updated Online Persona to Align With Your Goals <input type="checkbox"/> Started/Completed Some Training <input type="checkbox"/> Join Student/Trade Organization or Follow Their Social Media <input type="checkbox"/> Researched/Applied for Financial Aid/Scholarships <input type="checkbox"/> Network With Others in Your Field of Interest <input type="checkbox"/> Started or Completed a Resume <input type="checkbox"/> Network With Others to Find a Job <input type="checkbox"/> Prepared for an Interview <input type="checkbox"/> No Actions Taken <input type="checkbox"/> Created a Portfolio <input type="checkbox"/> Other
What do you see as your work-related skills/strengths? Include knowledge of operating machines and equipment, ability to type, tools owned, etc. *	
Physical Demands	
What is the heaviest load that you could lift in the workplace?	<input type="checkbox"/> 55 pounds <input type="checkbox"/> 25 pounds <input type="checkbox"/> 50 pounds <input type="checkbox"/> Less than 25 pounds <input type="checkbox"/> 30-40 pounds
What is the longest amount of time that you could stand upright in the workplace? *	<input type="checkbox"/> 8 hours <input type="checkbox"/> 2 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> Less than 2 hours <input type="checkbox"/> 4 hours
Are you able to sit for long periods of time? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but I need to get up and move around from time to time
Some employers require you to be drug free for 30-120 days. In those cases, they will require you to complete a drug test. Will you be able to pass a drug test? *	<input type="checkbox"/> Yes, I am drug free and can pass a drug test <input type="checkbox"/> Yes, I have been drug-free for at least 30 days <input type="checkbox"/> Yes, I am willing to make changes to be able to pass a drug test <input type="checkbox"/> Yes, I want to be able to pass a drug test, but I need help <input type="checkbox"/> I am not interested in careers that require a drug test – <i>disqualifies youth</i>
Describe your eyesight or vision: *	<input type="checkbox"/> I can see without glasses or contacts <input type="checkbox"/> I am legally blind <input type="checkbox"/> I can see with glasses or contacts
What work environment do you prefer? Select all that apply*	<input type="checkbox"/> Clerical <input type="checkbox"/> Housekeeping <input type="checkbox"/> Construction <input type="checkbox"/> Health Services (e.g. Pharmacy Tech) <input type="checkbox"/> Customer Service <input type="checkbox"/> Mechanical (e.g. Auto Tech/Manufacturing) <input type="checkbox"/> Food Service <input type="checkbox"/> Maintenance <input type="checkbox"/> Grounds Keeper/Gardener <input type="checkbox"/> Other
Other Items	
Do you have a valid drivers license? *	<input type="checkbox"/> Yes <input type="checkbox"/> No, I am not able to get a driver's license <input type="checkbox"/> No, but I could get a driver's license if I had training <input type="checkbox"/> My license is temporarily suspended
Some employers will complete a background check on new employees. Please check all of the following that apply to your situation: * <i>Select all that apply</i>	<input type="checkbox"/> I am registered on the sex offender registry <input type="checkbox"/> I have a violent felony conviction <input type="checkbox"/> I have a non-violent felony conviction <input type="checkbox"/> I have a misdemeanor conviction (excluding traffic violations) within the past 7 years <input type="checkbox"/> I have been on probation in the last 10 years (excluding traffic violations) <input type="checkbox"/> I am not interested in careers that require a background check <input type="checkbox"/> None of the above apply to me



Application – Contact Information

Social media for contact purposes							
Social Security number	Format: xxx-xx-xxxx						
Street Address							
Street Address 2							
City					State	IL	Zip Code
County	Township			Community			
Primary Phone					Alternate Phone		
Phone Type	Mobile	Home	Work	Alternate Type			Mobile Home Work
<i>If under 18 need parent or guardian contact information – name, relationship, address phone.</i>							

Information about you

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Answer	
Military Status	<input type="checkbox"/> None <input type="checkbox"/> Active	<input type="checkbox"/> Veteran <input type="checkbox"/> Discharged	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Other	
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	
Race	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Prefer not to answer	
Primary Language – Mark with a 1	<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> Chinese <input type="checkbox"/> French	<input type="checkbox"/> German <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other <input type="checkbox"/> Filipino <input type="checkbox"/> Polish	<input type="checkbox"/> Russian <input type="checkbox"/> Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Italian
Mark a Secondary language with a 2			
Are you compliant with Selective Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you were born male and between 18 and 25 years of age you must be registered with Selective Service. Number: https://www.sss.gov/verify/	

Application - Education

Highest Level of education	<input type="checkbox"/> None <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th	<input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> HS Freshman <input type="checkbox"/> HS Sophomore <input type="checkbox"/> HS Junior <input type="checkbox"/> HS Senior did not receive diploma <input type="checkbox"/> HS Senior received HS diploma	<input type="checkbox"/> GED <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"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Not Reported <input type="checkbox"/> Received Certificate of Attendance Completion <input type="checkbox"/> Received other Post-Secondary Degree or Certificate <input type="checkbox"/> Received other training degree or certificate
Do you have more degrees, certificates, licenses or credentials?	<input type="checkbox"/> No <input type="checkbox"/> Yes – list items below <input type="checkbox"/> Title <input type="checkbox"/> Institution <input type="checkbox"/> Date Earned	<input type="checkbox"/> Credential Type <input type="checkbox"/> HS diploma <input type="checkbox"/> Certification <input type="checkbox"/> Diploma <input type="checkbox"/> License <input type="checkbox"/> Credential	<input type="checkbox"/> Credential Source <input type="checkbox"/> Copy of credential <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of License <input type="checkbox"/> Copy of Credential	



Application – Employment History

Have you had a job?	<input type="checkbox"/> Yes – list work history at least one job ○ Employed, Unemployed, or Employed but received notice of termination <input type="checkbox"/> No - Not in the labor force			
If employed:	Employer Name			Are you currently employed here:
	Start Date	End Date		
	Job Title			
	Street Address			
	City	State	Zip	
	Street Address			
	Job Duties			
	Hours per week			
	Reason for leaving			

Additional Employment here:

Final Questions

Are you working with any of the service providers below?*	<input type="checkbox"/> Center for Independent Living <input type="checkbox"/> Community College <input type="checkbox"/> Illinois Department of Employment Security (IDES) <input type="checkbox"/> Illinois Department of Healthcare and Family Services <input type="checkbox"/> Illinois Department of Human Services Office of Mental Health & Developmental Disabilities <input type="checkbox"/> Illinois Department of Human Services Office of Vocational Rehabilitation	<input type="checkbox"/> Illinois Division of Rehabilitation Services (IDRS) <input type="checkbox"/> National Association of Mental Illness (NAMI) <input type="checkbox"/> Special Education District <input type="checkbox"/> Veterans Administration <input type="checkbox"/> N/A <input type="checkbox"/> Other IDHS Program
How did you hear about this program/Illinois workNet?*	<input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> Family or Friends <input type="checkbox"/> Local DHS Office <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

Review all information with applicant make any corrections. Enter the information into Illinois workNet. Review all information that is entered on behalf of the applicant. Make any corrections and hit submit twice.