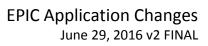
EPIC Application Changes June 29, 2016 v2 FINAL



Initial EPIC Application	New Application Changes	Baseline Requirement Alignment
Agreement	Agreement (Lowered reading level to 6.6)	N/A
This application will be used to determine if	This application will be used to see if there	
you are eligible for the EPIC program.	is an EPIC training program that can help	
	you reach your job goals.	
You will need to have your current and past		
employment information including start and	What to expect:	
end dates to complete this application. Expect	 You will need to have your current 	
to spend 15-60 minutes completing this	and past job information. You will	
application. Completion time will vary based	need to include start and end dates.	
on the number and type of programs selected.	 It will take 15-60 minutes to 	
	complete. This time will vary. The	
This application contains voluntary questions	time is based on the amount of	
to help determine if you are eligible for	education and job history that is	
additional services. This information will be	entered.	
kept confidential and is intended for use solely	 This information will be kept 	
in connection with the EPIC program study	confidential. It is intended for use	
and affirmative action requirements, and to	with the EPIC program study and	
help you in identifying additional resources	affirmative action requirements.	
that can assist you. You will not be penalized		
for refusal to answer.	When you submit your application, you:	
	 Certify that the information is 	
By completing the application, you agree to	accurate to the best of your	
allow EPIC program staff to review your	knowledge.	
information for potential participation and	Agree to allow EPIC program staff to	
certify that the information you submitted is	review your information to see if	
accurate to the best of your knowledge.	there is an EPIC training program	
Training provider staff will be able to review	that can help you reach your job	
your information to develop an individualized	goals.	
services, training, and employment plan and		



		EPIC Application Changes June 29, 2016 v2 FINAL
 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. I have read the Terms of use and Privacy Policy and agree to complete the application. 	 Agree to receive updates and information to help you reach your training and job goals. If you are enrolled into an EPIC program, you agree to allow EPIC program staff to review your information to: Find resources that can help you reach your goals. Develop a services, training, and employment plan. Identify your program outcomes and accomplishments. I have read the Terms of use and Privacy Policy. I agree to complete the application. 	
Contact Information		
Is the information above correct? (This is information that was entered by the case worker.)	No Change	N/A
Yes No	No Change	N/A
Please provide your correct information.	No Change	N/A
First Name *	No Change	N/A
Last Name *	No Change	N/A
Social Security number (SSN) *	No Change	N/A
Birthday *	No Change	N/A
Street Address 1 *	No Change	N/A
Street Address 2	No Change	N/A
City *	No Change	N/A
State *	No Change	N/A
ZIP Code *	No Change	N/A



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Lookup your ZIP Code	No Change	N/A
Primary Phone */ Do Not Have a Phone	No Change	N/A
Primary Phone Type *	No Change	N/A
Secondary Phone	No Change	N/A
Secondary Phone Type	No Change	N/A
		,
Training Programs		
Set yourself up for success when selecting a	No Change	No Change
program.		
Po realistic when answering these questions, but		
Be realistic when answering these questions, but also be willing to push yourself. Remember:		
also be winning to push yoursen. Remember.		
• Make sure to put in the time and effort		
that is needed to get the job you want.		
Identify different ways to get training. You		
have to be there (in-person or online) to		
succeed.		
 Have a backup plan when the "unexpected" happens. 		
unexpected happens.		
Select your		
First Choice		
Second Choice		
Third Choice		
Industry Ontions:		
Industry Options: Agriculture, Food, and Natural Resources		
Architecture and Construction		
Business Management and Administration		
Health Science		
Hospitality and Tourism		
Human Services		



-		
Information Technology		
Manufacturing		
Marketing		
Transportation, Distribution, and Logistics		
I am not interested in these programs		
Baseline Questions		
How long are you willing to stay in training to	No Change	No Change
reach your goals? *		
10 weeks or less		
Up to 24 weeks		
Up to 36 weeks		
Up to 52 weeks		
Up to 64 weeks		
 More than 65 weeks 		
How are you able to participate in training? *	No Change	No Change
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? *	No Change	No Change
Select all that apply.	NO Change	
Bus (Public Transportation)		
 Train (Public Transportation) 		
Driving		
How far are you able to travel for training? *	No Change	No Change
Less than 5 miles		
• 5-15 miles		



 16-25 miles More than 25 miles 		
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.	No Change	N/A
 What is the heaviest load that you could lift in the workplace? * 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 	No Change	No Change
 What is the longest amount of time that you could stand upright in the workplace? * 8 hours 6 hours 4 hours 2 hours Less than 2 hours 	No Change	No Change



 Are you able to sit for long periods of time? * Yes Yes, but I need to get up and move around from time to time. No 	No Change	No Change
 Which of these tests do you think you would be able to pass? * Select all that apply. Tuberculosis (TB) Test Hepatitis Screening Drug Test I cannot pass any of these tests. 	 Which of these tests do you think you would be able to pass? * Select all that apply. Tuberculosis (TB) Test Hepatitis Screening Drug Test I cannot pass these tests. Some training programs/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? (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 	Which of these tests are participants required to pass? * Select at least one. TB Test Hepatitis Screening Test or screening is not required What is the minimum drug test requirement for participants? * A drug test is not required. Must be currently drug free and can pass a drug test. Customer must select "Yes, I am drug free and can pass a drug test." Must be drug free for at least 30 days prior to the time they submit their EPIC application. Customer must select "Yes, I am drug free and can pass a drug test."
	 test, but I need help. I am not interested in careers that require a drug test. Grandfather Clause Note: Customers who previously said they could pass a drug test will	 Must be willing to make changes to be able to pass a drug test. Customer must select "Yes, I am willing to make changes to be able to pass a drug test." OR "Yes, I want to be able to pass a drug test, but I need help." Or



	automatically meet all drug test minimum requirements.	they indicate are able to pass a drug test. Customer will not be aligned with a training program that	
		requires a drug test if they select "I am not interested in careers that require a drug test."	
 Describe your eyesight or vision: * I can see without glasses or contacts. I can see with glasses or contacts. I am legally blind. 	No Change	No Change	
 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. 	No Change	No Change	
 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. 	No Change	No Change	
Other Items Impacting Training Selection 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	No Change	No Change	



 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 	No Change		o Change
 Do you have a valid driver license?* Yes No, but I could get a driver license if I had the money or training. No. I am not able to get a driver license. 	No Change	No Change	
 Background Check:* Select all that apply. I have a felony, misdemeanor, or conviction for criminal sexual assault. I have a felony conviction. 	Some employers will complete a background check on new employees. Please check all of the following that apply to your situation:	What is the background re Select at least one. Background Check is not required for this training/career path.	equirement(s) for participants? * Customer can select any option.
 I have a finding of any kind within the past 7 years. None of the above apply to me. 	 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). 	Must not be a registered sex offender.	Customer <u>must not</u> select "I am registered on the sex offender registry."
		Must not have a violent felony conviction.	Customer <u>must not</u> select "I have a violent felony conviction."
	 I am not interested in careers that require a background check. None of the above apply to me. 	Must not have a non- violent felony conviction.	Customer <u>must not</u> select "I have a non-violent felony conviction."
		Must not have a misdemeanor conviction within the past 7 years.	Customer <u>must not</u> select "I have a misdemeanor conviction (excluding traffic violations) within the past 7 years."
		Must not have been on probation within the last	Customer <u>must not</u> select "I have been on probation in the



		requires a background of	last 10 years (excluding traffic violations)." gned with a training program that check if they select "I am not at require a background check."
 Which of these languages can you speak fluently?* Select all that apply. English Spanish Chinese Polish Other Employment Goals 	No Change	No Change	
What are your immediate employment goals? * Full Time Part Time Temporary Time 	No Change		N/A
When are you able to work? * Select all that apply. • Day • Evening • Night • Weekends • Other	No Change		N/A
 What kind of work would you like to do? * Select all that apply. Professional/Technical Management/Officials/Proprietor Craftsman/Foreman Service Farm/Other Labor Clerical Sales 	No Change		N/A



Other		
Where do you see yourself in 1 year? *	No Change	N/A
Where do you see yourself in 5 years? *	No Change	N/A
What steps have you taken to get there? *	No Change	N/A
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		
What do you see as your work related	No Change	N/A
skills/strengths? Include knowledge of operating	No change	17/7
machines and equipment, ability to type, tools		
owned, etc. *		
Gender	No Change	N/A
Male	5	
Female		
Prefer not to answer		
Military Status	No Change	N/A
Select		



None			
Veteran			
Discharge			N1 / A
Marital Status	No Change		N/A
• Select			
Married			
Single			
Divorced			
Other			
Ethnicity *	No Change		N/A
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? *	No Change		N/A
Yes	, i i i i i i i i i i i i i i i i i i i		
• No			
Education			
Highest Level of Education Completed	No Change	Customers who can	Anyone can be referred to
	U U U U U U U U U U U U U U U U U U U	be aligned to	these programs as long as
		programs that offer a	they meet the other
		Bridge program.	minimum baseline
		5.1686 5.68.61.11	requirements.
		Customers who can	· ·
			Anyone who has earned a
		be aligned to program	credential that is a high
		that requires <u>higher</u>	school equivalency
		<u>than</u> 6 th grade reading	(HSE/GED) or higher and
		level and does NOT	



		offer a Bridge program Customers who can be aligned to program that requires <u>less than</u> 6 th grade reading level and does NOT offer a	meets the other minimum baseline requirements. Anyone can be referred to these programs as long as they meet the other minimum baseline requirements.
Do you have more degrees, certificates, licenses or	No Change	Bridge program N	o Change
credentials? Title *	No Change		NI/A
Date Earned	No Change No Change		N/A N/A
Certificate Type	No Change		N/A
Save and Add Another Certificate	No Change		N/A
Your Certificates	No Change	N/A N/A	
Employment History	No change	N/A	
 Employment Status Select Employed Not in Labor Force Unemployed Employed But Received Notice of Termination 	No Change		N/A
Have you had a job?*	No Change	N/A	
Enter your current and past jobs. Your jobs have helped you gain skills. Enter this information to help us understand your skills and experience.	No Change	N/A	
Employer Name *	No Change	N/A	
Are you currently employed by this employer?	No Change	N/A	
Start date	No Change	N/A	



-		
End date	No Change	N/A
Job title	No Change	N/A
Job Duties	No Change	N/A
Hours Per Week	No Change	N/A
Reason for Leaving	No Change	N/A
Can you still perform the job you have been	No Change	N/A
trained in?	c .	
I have not been trained for a specific job		
Potential Barriers to Employment		
IMPORTANT NOTE: Only your case worker/career	No Change	N/A
planner will be able to view this information for		
the purpose of career planning and identifying		
services to help you reach your career, training,		
and employment goals.		
Which of the following do you think will make it	No Change	N/A
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 Core		
 No Child Care Substance Use 		
 Family/Friends Related Issues Personal/Emotional/Health Issues 		
 State ID/Drivers License 		
 State D/ Drivers License None of the above 		
Other		
NOTE: The next 3 questions only display if Disability	is selected in the previous question	
NOTE. THE HEAT S QUESTIONS ONLY DISPLAY IJ DISUDNILY	is selected in the previous question	



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 Do you have any of the following disabilities? * Select all that apply. Attention Deficit/Hyperactivity Disorder Blindness or Low Vision Brain Injury Deaf/Hard of Hearing Learning Disability Physical Disability Psychiatric Disability Speech and Language Disability 	No Change	N/A
Have you ever received Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)? *	No Change	N/A
Do you receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)? *	No Change	N/A
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 	No Change	N/A



 National Association of Mental Illness (NAMI) Special Education District Veteran's Administration (VA) None of the above Other 		
How did you hear about Illinois workNet? *	No Change	N/A
Select all that apply.		1973
• Email		
Facebook		
Family or Friends		
Illinois workNet Center		
Illinois workNet Website		
LinkedIn		
Mailings		
Newspaper or Magazine		
Radio		
• T.V.		
Twitter		
Other		
Submit Application	No Change	N/A
Congratulations	Congratulations	
Thank you for completing the EPIC application.	Thank you for completing the EPIC application.	
You can submit your application for review. You	You can submit your application for review. You	
cannot change it once submitted.	cannot change it once submitted.	
After it is submitted:	Once your application is submitted, let your	
	case worker know that you are done.	
This site will take you to the NOCTI passcode page.		
You will get the NOCTI passcode from today's	They will review your information to see if you	
presenter and/or assistant.	are eligible for the program. If you are eligible	
	for one or more training programs in your area,	



Once you enter the code, you can begin the test.	you can talk about your options with your case
You will have up to 2 hours to complete the test.	worker. They will provide you with next steps.
Then within one week, your information will be	
reviewed to see if you are eligible for the program.	Note: This information will be sent to your
You will have a follow-up meeting to discuss your	Illinois workNet account as a message.
eligibility and next steps.	
Note: This information will be sent to your Illinois	
workNet account as a message.	



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