

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. The staff of your training provider will be able to review your information to develop individualized services, training, an employment plan, and identify your program outcome 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.

Contact Information

Is the information above correct? Yes No

Please provide your correct information.

First Name *

Last Name *

Social Security number (SSN) *

Birthday *

Street Address 1 *

Street Address 2

City *

State *

ZIP Code *

Primary Phone *

Do Not Have a Phone

Primary Phone Type *

Secondary Phone

Secondary Phone Type

Set yourself up for success when selecting a program.

Be realistic when answering these questions, but also be willing to push yourself. 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.

Select your 1st, 2nd, and 3rd industry choice

- 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 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? *

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? *

Select all that apply.

- Bus (Public Transportation)
- Train (Public Transportation)
- Driving

How far are you able to travel for training? *

- 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.

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

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

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

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.

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?

Yes, I am drug free and can pass a drug test.

Yes, I have been drug free for 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 test, but I need help.

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.

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.

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 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

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.

Background Check:*

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.

- English
- Spanish
- Chinese
- Polish
- Other

Employment Goals

What are your immediate employment goals? *

- Full Time
- Part Time
- Temporary Time

When are you able to work? *

Select all that apply.



<ul style="list-style-type: none"> • Day • Evening • Night • Weekends • Other
<p>What kind of work would you like to do? *</p> <p>Select all that apply.</p> <ul style="list-style-type: none"> • Professional/Technical • Management/Officials/Proprietor • Craftsman/Foreman • Service • Farm/Other Labor • Clerical • Sales • Other
<p>Where do you see yourself in 1 year? *</p>
<p>Where do you see yourself in 5 years? *</p>
<p>What steps have you taken to get there? *</p> <p>Select all that apply.</p> <ul style="list-style-type: none"> • 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
<p>What do you see as your work related skills/strengths? Include knowledge of operating machines and equipment, ability to type, tools owned, etc. *</p>
<p>Gender*</p> <ul style="list-style-type: none"> • Male • Female • Prefer not to answer
<p>Military Status*</p> <ul style="list-style-type: none"> • None • Veteran • Discharge
<p>Marital Status*</p>



<ul style="list-style-type: none"> • Married • Single • Divorced • Other
<p>Ethnicity * Select all that apply.</p> <ul style="list-style-type: none"> • White • Hispanic • Asian • Hawaiian or Pacific Islander • Black/African American • American Indian or Alaskan Native • Prefer Not to Answer
<p>Are you authorized to work in the US? *</p> <ul style="list-style-type: none"> • Yes • No
<p>Education History</p>
<p>Highest Level of Education Completed*</p>
<p>Do you have more degrees, certificates, licenses or credentials?</p>
<p>Title *</p>
<p>Date Earned</p>
<p>Certificate Type*</p>
<p>Your Certificates</p>
<p>Employment History</p>
<p>Employment Status*</p> <ul style="list-style-type: none"> • Employed • Not in Labor Force • Unemployed • Employed But Received Notice of Termination
<p>Have you had a job?*</p>
<p>Enter your current and past jobs. Your jobs have helped you gain skills. Enter this information to help us understand your skills and experience.</p>
<p>Employer Name *</p>
<p>Are you currently employed by this employer?</p> <ul style="list-style-type: none"> • Yes • No
<p>Start date*</p>
<p>End date</p>
<p>Job title*</p>
<p>City*</p>
<p>State*</p>
<p>Zip Code*</p>
<p>Job Duties*</p>
<p>Hours Per Week*</p>



Reason for Leaving
Can you still perform the job you have been trained in? <ul style="list-style-type: none"> • Yes • No • I have not been trained for a specific job
View/Update/Delete
Potential Barriers to Employment
IMPORTANT NOTE: Only your case worker/career 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 hard for you to get a job? * Select all that apply. <ul style="list-style-type: none"> • 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/Driver License • None of the above • Other
Do you have any of the following disabilities? * Select all that apply. <ul style="list-style-type: none"> • Attention Deficit/Hyperactivity Disorder • Blindness or Low Vision • Brain Injury • Deaf/Hard of Hearing • Learning Disability • Physical Disability • Psychiatric Disability • Speech and Language Disability
Have you ever received Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)? *
Do you receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)? *
Final Questions
Are you working with any of the service providers listed below? * Select all that apply. <ul style="list-style-type: none"> • 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

How did you hear about Illinois workNet? *

Select all that apply.

- Email
- Facebook
- Family or Friends
- Illinois workNet Center
- Illinois workNet Website
- LinkedIn
- Mailings
- Newspaper or Magazine
- Radio
- T.V.
- Twitter
- Other

