

# Workforce Investment Solutions

## Application for Consideration of Services

**PLEASE PRINT**

Name: \_\_\_\_\_ Date \_\_\_\_\_  
                    *First*                    *Middle*                    *Last*                    Maiden Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Names: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
County: \_\_\_\_\_ Age: \_\_\_\_ Male                      Female  
Telephone: \_\_\_\_\_ U.S. Citizen Yes                      No  
Cell Phone: \_\_\_\_\_ Social Security Number: Collected at a  
E-mail: \_\_\_\_\_ later date.

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**Ethnicity** (Please check all that apply)

White                      Black                      Asian                      American Indian/Alaskan Native  
Native Hawaiian/Pacific Islander                      Hispanic: Yes                      No                      Decline to Answer

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Are you registered on Illinois Job Link? Yes                      No  
Are you a current member of the military? Yes                      No                      Are you a Veteran? Yes                      No  
Type of Discharge: \_\_\_\_\_ Is your spouse a Vet? Yes                      No  
Do you have any problems that will affect your ability to work? Yes                      No  
If yes, please explain: \_\_\_\_\_

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**Current Status**

(Please check all that apply)

Applied for Unemployment                      Receiving Unemployment                      Exhausted Unemployment  
Applied for SSDI                      Receiving SSDI  
Applied for SSI                      Receiving SSI  
Applied for Food Stamps                      Receiving Food Stamps  
(Currently or within the last 6 months)

Employed Full-time                      Employed Part-time                      Unemployed

If employed, what is your schedule & hours? \_\_\_\_\_

**PLEASE PRINT**

**Work History – List all jobs held over the last 10 years  
(Begin with your most recent job)**

Employer: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Pay/hour: \_\_\_\_\_ Hrs./Week: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties & machines operated \_\_\_\_\_

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Temporary Layoff	Yes	No	Permanent Layoff	Yes	No
Closure	Yes	No	Labor Dispute	Yes	No
Fired:	Yes	No	If yes, explain	_____	
Quit	Yes	No	If yes, explain	_____	

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Quit	Yes	No	If yes, explain	_____	

**I have additional jobs not listed here**

**Are you working with: (Check all agencies that apply)**

Office of Rehabilitation      Heritage of Behavioral Health      Probation  
Public Aid      Decatur Housing Authority      Parole      Dove      Social Security  
Other: \_\_\_\_\_

**Transportation**

Are you planning to relocate?      Yes      No  
How far would you be willing to travel to a job?  
10 miles      25 miles      50 miles      Other  
How would you travel to work? My car      Public Transportation      Rely on someone else

Do you have valid drivers license?      Yes      No  
Do you have auto insurance?      Yes      No

**Goals**

What kind of employment/training would you like to have? (Be specific) \_\_\_\_\_  
\_\_\_\_\_

**Education**

Highest grade completed: \_\_\_\_\_      H.S. Diploma      GED  
School Attended \_\_\_\_\_      Year Degree Obtained \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Assoc. Degree      Program \_\_\_\_\_      College \_\_\_\_\_      Year \_\_\_\_\_  
Bach. Degree      Program \_\_\_\_\_      College \_\_\_\_\_      Year \_\_\_\_\_  
Master's Degree      Program \_\_\_\_\_      College \_\_\_\_\_      Year \_\_\_\_\_  
Doctorate      Program \_\_\_\_\_      College \_\_\_\_\_      Year \_\_\_\_\_  
Are you currently attending school?      Yes      No  
If yes, are you attending school full-time?      Yes      No  
If yes, where and when will you complete your degree of certification? \_\_\_\_\_  
Have you completed a FAFSA application?      Yes      No  
If yes, have you been awarded a Pell grant?      Yes      No  
Please list all certifications, degrees, and/or licenses you have earned. Please include the dates, the type of degree/certificate, and the institution's name from which they were earned: \_\_\_\_\_

**Please check current concerns you may have. (Check all that apply)**

Past/Present Legal Problems      Family/Relationship Problems      Obsolete Job Skills  
Health/Disability Problems      Limited English Skills      Stress  
Age Issues      Limited Math Skills      Insurance  
Past/Present treatment of psychological problems/addictions      Other  
Have you ever been convicted of a felony?      Yes      No  
County: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
Have you ever been convicted of a misdemeanor?      Yes      No  
County: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT**

**Collateral Contacts**

(Two non-household family members required)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

(H)/(C) #: \_\_\_\_\_ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

(H)/(C) #: \_\_\_\_\_ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_

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**Family/Parenting/Child Care Status**

Married                  Single                  Divorced \_\_\_\_\_  
(Date)    Widowed                  Other \_\_\_\_\_  
Please specify

**Including yourself**, list names of individuals living *with you* in household on a **full time** basis

<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>Age</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your spouse employed?                  Yes                  No                  If yes, where \_\_\_\_\_

Do you have children NOT living in the home?    Yes                  No

If yes, list full names & ages \_\_\_\_\_

Are you paid child support for them?    Yes                  No                  If yes, enter amount \_\_\_\_\_

Do you pay child support for them?    Yes                  No                  If yes, enter amount \_\_\_\_\_

Are you pregnant (if male, is your partner)?                  Yes                  No

Do you have childcare while working or attending employment sessions?    Yes                  No

Do you need help in obtaining or paying for childcare?                  Yes                  No

Do you participate in All Kids Care?                  Yes                  No

Do you have access to medical care for you and your family?                  Yes                  No

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**Your answer to this question is voluntary:**

Do you, a friend, or any member of your family have a history of opioid use?

Please answer "Yes" or "No".                                  Yes                  No

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities.