



Adult Checklist

Please retain this checklist for your reference

We'd like to inform you that the following documentation will be needed at your first appointment which will be made after review of your Self-Assessment. Please make sure that you have access to the following:

- _____ CONNECTINGCOLORADO.COM (your registration must be active and contain current contact information)
- _____ VALID DRIVER'S LICENSE OR STATE ISSUED ID & SIGNED SOCIAL SECURITY CARD
- _____ PROOF OF SELECTIVE SERVICE REGISTRATION - Males born after Dec. 31, 1959
(This will be verified by Workforce Center Staff)
- _____ DD-214 (Military Veterans)
- _____ UNEMPLOYMENT INFORMATION (Lay-off letter, correspondence from UI, EUC-8 letter, Etc.) (If applicable)

If you are seeking assistance to relocate to a new job or you need equipment/uniforms in order to enter/keep a new job, you will need to provide the following:

- _____ Letter of Hire or Confirmation of Employment
- _____ List of specific equipment or uniforms needed

Other Documentation:

If you are seeking training assistance, your Workforce Center Representative will let you know what additional information will be needed.



Colorado Rural Workforce Consortium

WIA Information Form

Last Name: _____ First Name: _____ MI _____
 Social Security # _____ - _____ - _____ Birth Date: ____ / ____ / ____ Age: _____
 Street Address: _____
 City _____ State _____ Zip _____ Country _____
 Phone Number: (_____) _____ - _____ Email Address: _____

Citizenship: Check one

- (C)US Citizen (A)Registered Alien
 (R)Refugee (L)Other Legal Alien
 (O)Other Specify _____

Are you registered with Selective Service?: Yes No

Are you receiving UI benefits or been approved for UI benefits?:
 Yes No

What is your family status? (Check One)

- (S) Single Parent
 (P) Parent in 2 parent family
 (I) Independent Ind.
 (F) Family member/not parent

What is your employment status? (Check One)

- (E) Employed
 (U) Unemployed

Are you homeless?: Yes No

Are you an individual with a disability? Yes No

Are you a Veteran? Yes No

- (L) Less than or equal to 180 days active service
 (G) Greater than or equal to 180 days active service

Are you a Disabled Vet? Check one

- (N) No
 (D) Disabled
 (S) Special Disabled

Are you a Recently Separated Veteran? Yes No

Are you a Campaign Veteran? Yes No

Are you an ex-offender? (An individual who has been subject to any stage of the criminal justice process, for whom services under WIA may be beneficial or who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.)

Yes No

Limited English Language Proficiency: The inability of an individual whose native language is not English, to communicate in English, resulting in a barrier to employment.

Yes No

What is the highest school grade you completed? _____

Did you receive a high school diploma or GED?
 Yes No

Are you or a member of your family receiving any of the following types of assistance? (Check all that apply)

- TANF (Colorado Works)
 Refugee Assistance SSI
 Food Stamps Yes No Eligible

Income Information:

What is your income for the past 6 months? \$ _____ .00

What is your family's income for the past 6 months?

\$ _____ .00

Number of family members (including self) _____

Follow up Information: This should be a person who does NOT live with you, but knows how to contact you if you move or relocate.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

Dislocated Worker Information:

Date lay-off notice was received: _____ / _____ / _____

Effective date of lay off notice: _____ / _____ / _____

ONET Code for Job of Dislocation _____

What is your dislocation status? (Check One)

 (L) Term/Laid Off (P) Public Announce. (R) Received notice of Termination/Lay Off (C) Certificate of separation (N) None

What is your return status? (Check One)

 (U) Unlikely to return to your previous industry or occupation (L) Likely to return/remain (R) RetiringAre you monetarily eligible for UI? Yes No

What is your plant status?

 (N) None (C) Closed (S) Substantial Layoff**Youth Information:**

What is your educational status? (Check One)

 (S) Student (P) Student-attending post high school (D) H.S. dropout (W) Out of school HS grad. with employment difficulty (A) Student, attending alternative schoolAre you a pregnant or parenting youth? Yes NoAre you a foster child on whose behalf state payments are made? Yes NoAre you a youth that needs additional assistance to complete an educational program or to secure and hold employment? Yes No**Applicant -**

This form is used to gather information in order to complete your application for the WIA program. It is crucial that the information contained in this form be true and accurate in order to expedite the application process. You need to be aware that this information is subject to review and verification upon signing the application that will be presented to you by a staff member at an appointment to be scheduled, and documentation to support your information provided will be required.

This is not an application to the WIA program and does not indicate eligibility or approval for any program disseminated by the Workforce Center. A full application reflecting information you have provided to the Workforce Center will be printed and available for you to sign during your appointment with the Workforce Center representative.

This document also does not provide approval to begin any training program that may be funded by the WIA program or any programs offered through the Workforce Center. Any training program that you choose to enroll in prior to eligibility determination, WIA program registration and state approval of the vendor chosen, will not be paid for by the Workforce Center nor will be reimbursed at any time.

When you have completed this form and are ready to apply to the WIA program through your local Workforce Center, call to set up an appointment with a Workforce Center Representative to complete the application process and sign your application. Be sure to have your documentation ready at the time of your appointment to help speed the process.

Thank you and we look forward to serving you.

Local Workforce Center Information:



Veteran: yes no

Date Rcvd (staff only): _____

SELF-ASSESSMENT

Applicant Name: _____ Last 4 of social security number: _____

Phone #: _____ Date Packet Given: _____ Date Due: _____

The WIA (Workforce Investment Act) program is an eligibility based program, not an entitlement program. If you are eligible for WIA, this survey will help to provide us with an idea of whether our services are appropriate to assist with addressing your needs.

Please answer all questions in this survey. Incomplete surveys cannot be considered.

1) What brought you here and why are you interested in this program? _____

2) What concerns do you have regarding your current situation? [For example: child care, health issues, financial stress, lack of education or training in a specific field, etc.] Be specific: _____

3) What difficulties are you experiencing because of not having a job or not earning enough money? _____

4) Name up to three things you need in order to get or keep a job? (Example: training, transportation, child care, etc.) Be specific: _____

5) Would you be willing to consider relocating to accept a job? Yes No
If yes, where to? _____
If no, why not? _____

In the following questions, please mark the level which is right for you.

	Less than 30 days	30 days	90 days	6 months	1 year
6) How soon will it be before you need to get a job? Full time <input type="checkbox"/> Part time <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at all	Some- what	Average	Above Average	Extremely
7) How confident are you that you can fully participate in the program by attending regularly and fully using the services to help you find, keep and advance on a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8) Are you interested in attending school/training? Yes No Are you currently attending school/training? Yes No
If yes, what type? Where? _____

9) Have you attended any education or training classes after high school? (Example: college, vocational/occupational training, training funded through Workforce Center, Job Corps, etc.) Yes No (If no, skip all items in #9)

A) If yes, what type of training and where?:

B) Were you able to complete the training and earn a certificate, diploma or credential? Yes No

If yes, have you been able to use that training to gain employment? Yes No

If no, why?

C) Why do you want to enter another training program?

10) Are you involved in any other schools, programs or agencies that require you attend classes or meetings? Yes No

If yes, please explain:

Legal issues (background, tickets, charges, arrests, convictions)

Yes
 No

Are you currently on Parole?

Yes
 No

Are you currently on Probation?

Yes
 No

Work History - list all jobs (paid or volunteer) you have held in the last 5 years starting with your current or most recent job. Please explain any gaps in your employment. (Use additional page if necessary.)

Employer: _____ Job title: _____

City, State: _____ Start date (month/year): _____ End date (month/year): _____

Hours per week: _____ Wages: \$ _____ per _____

Job Duties: _____

Reason for leaving: _____

Employer: _____ Job title: _____

City, State: _____ Start date (month/year): _____ End date (month/year): _____

Hours per week: _____ Wages: \$ _____ per _____

Job Duties: _____

Reason for leaving: _____

Employer: _____ Job title: _____

City, State: _____ Start date (month/year): _____ End date (month/year): _____

Hours per week: _____ Wages: \$ _____ per _____

Job Duties: _____

Reason for leaving: _____

Signature	Date