



## Adult Checklist

**Please retain this checklist for your reference**

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**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:

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**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?:

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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?

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

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

If yes, please explain:

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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: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Job title: \_\_\_\_\_

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

Hours per week: \_\_\_\_\_ Wages: \$ \_\_\_\_\_ per \_\_\_\_\_

Job Duties: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Job title: \_\_\_\_\_

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

Hours per week: \_\_\_\_\_ Wages: \$ \_\_\_\_\_ per \_\_\_\_\_

Job Duties: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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Signature	Date