

What Program are you applying for: _____

WORKFORCE TRAINING PROGRAM COMPONENTS

Thank you for applying for Comprehensive Community Solutions workforce training programs. Depending on what program you sign up for you could be enrolled in one or more of the following components:

- Life Skills
- Employment Readiness
- Case Management
- Academics that lead A High School Diploma
- Leadership Development
- Mental Toughness
- Community Service
- Construction Training
- Welding
- Civic Engagement
- Placement in work, further training, military and/or post-secondary education

Most of our programming is for *OPPORTUNITY YOUTH*: youth who are low-income; current foster youth or youth aging out of the foster care system; youth offender; adult offender; youth with disabilities; child of an incarcerated parent; or a migrant youth. *Note: if you do not fit into one of the categories mentioned, that does not mean you are not eligible for Comprehensive Community Solutions programming.* If you are unsure if you are eligible for programming, Ask to speak to a team member.

RECRUITMENT PROCESS: *How to apply*

1. Complete an application and return it to us. It is important that you answer all of the questions.
2. You will be asked to attend at least two appointments with us on different days:
 - ✓ An orientation session
 - ✓ A personal Interview
3. **REQUIRED ELIGIBILITY DOCUMENTS:** Before we can determine your eligibility for any one of our programs, you will need to furnish us with the following documentation:
 - ✓ Current state ID or driver's license
 - ✓ Social Security Card
 - ✓ Birth Certificate
 - ✓ Education Verification – Copy of your transcripts, high school diploma, GED, or a statement that you did not complete high school
 - ✓ Other information – proof that your are Low Income, Youth or Adult Offender, Child of an incarcerated parent, Current Foster youth or youth aging out of foster care, Youth with a disability, or a migrant youth.

Note: The documentation needed to prove anyone of the statuses that make you eligible under the above bullet point "Other information" is outlined below.

How we select individuals for our programs:

- You must submit a completed application.
- We utilize a rating system for applicants and will invite eligible applicants to attend an orientation.
- If you are still interested in the program after the orientation staff may ask you to return for an interview. **We must receive all required eligibility documents prior to your interview.**
- Depending on the program you are applying for you may be asked to attend a Mental Toughness program. Mental Toughness is a 16 day program designed to see if you are ready for our YouthBuild Rockford program.
- A final evaluation of a candidate is completed which includes a review of your dedication to setting and working hard to achieve your goals, motivation to complete the program, attendance, and participation. If your evaluation is satisfactory and there are positions open in the program you are applying for, then
- We will invite you to join the program you applied for.

Thank you for your interest in our programs and if you have any questions, please contact us

PLEASE KEEP THIS SHEET

Please bring in this documentation **WHEN** you submit your application. **If you do not have one of the documents listed below, speak with a team member and they can provide you guidance.**

These following items are **REQUIRED** to determin your eligibility for programs:

- _____ 1. Current State ID or Driver's License
- _____ 2. Social Security Card
- _____ 3. Birth Certificate
- _____ 4. Education verification: copy of your transcripts, high school diploma, GED, or a drop letter from your high school stating that you did not complete high school diploma (we will ask you to sign a document stating you did not finish high school and do not have a diploma or GED if you cannot provide a copy of your drop letter from high school.)
- _____ 5. PROVIDE **AS MUCH** OF THE FOLLOWING DOCUMENTATION AS POSSIBLE:

PROOF OF BEING A DISADVANTAGED YOUTH:

- **Low Income:** Verify youth meets low income guidelines as referenced in 42 U.S.C 1437a(b) through applicable income source:
 - Pay Stubs
 - 6 months of Bank Statement (direct deposit)
 - Tax return if over 18 or emancipated
 - Public assistance records/receipt LINK or SNAP or TANF verification
 - Written statement from an individual if in temporary residence or a shelter
- **Youth or Adult offender:** Verify youth is an offender or involved with the criminal justice system.
 - Court Documentation
 - Letter from parole/probation officer
 - Police records
 - Resident of a detention facility, group home, or restricted state-run facility
- **Child of an incarcerated parent:** Verify youth is a child of an incarcerated parent
 - Court records
 - Applicant Statement
- **Current Foster Youth or youth aging out of foster care:** Verify youth is in the foster care system or aging out of the foster care system
 - Court Contact documentation
 - DCFS Contact documentation
 - Medical Card
 - Verification of payment made on behalf of the youth
- **Youth is an individual with a disability (includes learning disabilities, IEP, etc.):** Verify disability (an individual with any disability as defined in Section 3 of the Americans with Disabilities Act of 1980)
 - SSA Disability Records Statement
 - Academic records
 - Medical records
 - Physican Statement
- **Migrant Youth:** Verify youth is a migrant youth worker or part of a family with migrant workers
 - Employer statement or Work permits
 - Wage records/family wage records
 - Applicant statement

FOR OFFICE USE ONLY

Date Received: _____ Date entered in ETO: _____ All Documentation Subitted (N/Y): _____ Attended Group Orientation (N/Y): _____
1st Interview Date: _____ Mental Toughness Attendee (N/Y): _____ TABE Tested (N/Y): _____ Final Evaluation Rating: _____

2020-2021 WORKFORCE TRIANING PROGRAM APPLICATION

Instructions: Please fill out all parts of the application form and submit to the main office. If you need help, ask. Your application must be complete in order to be considered for eligibility.

APPLICANT INFORMATION

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Email: _____
home mobile

Social Security Number _____ - _____ - _____ Date of Birth _____ Age _____
month / day / year

Sex: [] Male [] Female U.S. Citizen: [] Yes [] No

Is English the primary language in your household? [] Yes [] No: _____
If no, specify language used

How often does *communicating in English cause problems for you at work or school?
*(Communicating means reading, writing and speaking English.)
[] Usually [] Sometimes [] Seldom [] Never

Marital Status: [] Never Married [] Married [] Divorced [] Separated [] Widowed

Race: [] Black/African-American [] White American [] Asian-American/Pacific Islander [] Native American
[] Other (specify) _____

Ethnicity: [] Hispanic/Latin American [] Other _____

Please check which of the following is closest to your household's yearly income:

- [] \$00 to \$5,000 [] \$25,001 to \$30,000 [] \$15,001 to \$20,000
[] \$20,001 to \$25,000 [] \$10,001 to \$15,000 [] \$35,001 to \$40,000
[] \$5,001 to \$10,000 [] \$30,001 to \$35,000 [] over \$40,000

Living Where: (Check the one that best describes your living situation)

- [] Halfway House [] House/Apartment [] Group Home
[] Homeless Shelter [] Public Housing [] Other:
[] Work Release Program [] Homeless

Number of people in your household _____ Living with parent/guardian [] Yes [] No

Please indicate if you are receiving any kind of Public Assistance: [] Yes [] No

If yes, please check those that apply to you:

- [] AFDC/TANF [] SSI [] WIC
[] SNAP (Food Stamps) [] General Assistance [] Public Housing/Section 8

Does someone else in your household receive public assistance: [] Yes [] No

If yes, please check those that apply:

- [] AFDC/TANF [] SSI [] WIC
[] SNAP (Food Stamps) [] General Assistance [] Public Housing/Section 8

Do you have children?: [] No [] Yes

If yes:

✓ how many children do you have? _____

Please list their Names & Date of Birth:

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

✓ Does your children live with you? [] Yes [] No

✓ Does your child's other parent receive AFDC/TANF? [] Yes [] No

✓ Do you have Child Care? [] Yes [] No Any Current DCFS involvement [] No [] Yes

✓ Please list the name of your child care provider/agency: _____

✓ Child care provider/agency: _____ address _____ city _____ State / zip _____ Phone Number _____

How did you hear about our program?

[] Flyer [] Relative/Friend [] Probation/Parole [] Housing Authority [] The Workforce Connection [] Court Mandated

[] Community Center [] Other, explain: _____

Drivers License

✓ Do you know how to drive? [] Yes [] No

✓ Do you own a car? [] Yes [] No

✓ Do you have a valid Drivers License? [] No [] Yes

Voter Registration & Selective Service

✓ Are you registered to vote? [] Yes [] No [] Not Eligible [] Unsure []

✓ Are you registered with Selective Service [] Yes [] No

Military Service

Are you currently in or have you every served in the U.S. Military? [] Yes [] No _____

✓ If yes, what branch? _____ Dates served: _____ to _____ Rank at discharge _____

✓ If Yes, what type of discharge [] Honorable [] General [] Other, explain: _____

Criminal History

Have you ever been arrested? [] Yes [] No If yes, was it as a: [] Juvenile [] Adult

Have you ever been convicted of any crime (other than a traffic offense) [] Yes [] No

✓ If Yes: [] Juvenile or [] Adult

✓ If Yes: [] Felony or [] Misdemeanor

Have you ever been convicted for a violent or weapons offense? [] Yes [] No

Have you ever been convicted of any type of sex crime? [] Yes [] No

Are you on probation? [] Yes [] No [] Pending

Are you on parole? [] Yes [] No [] Pending

If yes, when will your probation / parole be over? _____

Name and phone number of probation / parole officer: _____ Name _____ Phone Number _____

Do you have any charges pending: [] No [] Yes, please describe: _____

EMERGENCY CONTACT:

In case of Emergency, who should we contact?:

1. Contact Person Name: _____ Contact Person Relationship to you _____

Emergency Contact address city State / zip Phone Number

2. Contact Person Name: _____ Contact Person Relationship to you _____

Emergency Contact address city State / zip Phone Number

HEALTH SURVEY:

Do you have any physical, medical or health problems that would prevent you from participating in this program?

No Yes, If yes please explain:

What is the date of your last physical exam? _____ Name of the Physician, Clinic, or Hospital _____

Should you be wearing eye glasses or contacts ? Yes No

List any medication being taken (prescription or non-prescription):

Do you smoke (cigarettes) ? No Yes

If you smoke, can you limit your smoking to breaks and lunchtime? No Yes

Please read the following list carefully, and check all that apply to you. If you answer yes to any section, describe below.

	Yes	No		Yes	No		Yes	No
arthritis	___	___	backpain	___	___	fainting	___	___
epilepsy	___	___	convulsions	___	___	headaches	___	___
eye problems	___	___	ear problems	___	___	anemia	___	___
bruise easily	___	___	liver disease	___	___	jaundice	___	___
hospitalization	___	___	allergies	___	___	heart problems	___	___
high blood pressure	___	___	short of breath	___	___	lung disease	___	___
pneumonia	___	___	tumors/cysts	___	___	stomach trouble	___	___
ulcers	___	___	rectal bleeding	___	___	cancer	___	___
infectious disease	___	___	diabetes	___	___	bladder problem	___	___
kidney problems	___	___	menstrual problem	___	___	pregnant now	___	___
mental illness	___	___	IV drug use	___	___	asthma	___	___
high blood pressure	___	___	nervousness	___	___	irritability	___	___

Please explain any YES answers:

EDUCATIONAL BACKGROUND:

What is the name and address of your current or last school:

Name of last school _____ Street City State Zip

Do you have a High School Diploma or a GED? Yes [] No []

- Checklist of questions regarding high school diploma/GED status, graduation year, reasons for not completing, and GED test results.

Have you ever been in another training program at CCS, Goodwill, The Workforce Connection, etc?: [] No [] Yes

If yes, what was the name of the program? _____ Did you complete this program? [] No [] Yes
Please list any additional training and/or certificates you may have received (for example: CNA, Life Saving, nail technician, etc.)

Did you take any shop courses in high school? [] No [] Yes, which ones? _____

Do you plan to continue your education after completing the program? [] Yes [] No

- Options for continuing education: Community College, Technical School, University, Job Corps, Apprenticeship Program, Other.

WORK HISTORY:

Are you currently employed? [] No [] Yes

If Yes, fill out Current Job section below:

Current Job

Name of company _____ Name of Supervisor _____

Address of company _____ street city state / zip Phone Number

What was your start date: _____ What was the hourly wage? \$ _____ Job Title _____
month / year

Number of hours you work per week: _____ Do you receive benefits? [] Yes [] No

What kind of work do you do? _____

Reference available [] Yes [] No

Have you ever held a job before? [] Yes [] No
If yes, was the job: [] full-time [] part-time [] with a temp service
If Yes, fill out Past Job section below:

Past Job

Name of company Name of Supervisor

Address of company street city state / zip Phone Number

What dates did you worked there: From To What was the hourly wage? \$
month / year month / year

Job Title How many hours per week: Did you receive benefits? []Yes []No

What kind of work did you do?

Why did you leave?

Reference available [] Yes [] No

CONSTRUCTION EXPERIENCE:

Do you have any construction experience? []No []Yes

- If Yes, were you paid during that experience? []Yes []No
If Yes, how much construction experience do you have? [] 6 months or less [] 6-12 months [] 1 year or more
If Yes, please describe this experience.

What types of jobs do you think are available in the field of construction?

What are you interested in doing for a career?

ESSAY:

ESSAY Question

Choose ONE of these three topics and write a 250 word response.

Topic One: Choose an organization or a person that you want to help. Why did you choose this organization or person and what talents, abilities, and skills do you have that you could use to help them?

Topic Two: What is a positive change you plan on making in your life, and what steps are you undertaking to reach this goal?

Topic Three: A moral code is the set of rules that a person uses to determine right or wrong in their own life. In your essay, identify one rule that you believe is important to follow, and explain your reasons for following that rule.

Blank lines for writing the essay response.

