

Virginia Career Works – Career Services Program Application

This information is necessary to determine your eligibility for **Career Services Program** under the Workforce Innovation Opportunity Act (WIOA).

ALL QUESTIONS MUST BE COMPLETELY ANSWERED OR YOUR APPLICATION WILL NOT BE CONSIDERED.

Select Location: **Richmond** **Henrico** **Chesterfield** **Charles City** **Other** _____

Section I - PERSONAL INFORMATION

| | | | | | | | | | | | | | |
|--|---|--|--|-----|--|--|--|--|--|--|--|------------|-------------------------------|
| Last Name | | Select Place of Residence <input type="checkbox"/> City of Richmond <input type="checkbox"/> Charles City <input type="checkbox"/> Chesterfield <input type="checkbox"/> Goochland <input type="checkbox"/> Hanover <input type="checkbox"/> Henrico <input type="checkbox"/> New Kent <input type="checkbox"/> Powhatan <input type="checkbox"/> Other: _____ | | | | | | | | | | | |
| First Name MI | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | |
| City | State | | | Zip | | | | | | | | | |
| Social Security Number: | <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table> | | | | | | | | | | | Age: _____ | Date of Birth: ____/____/____ |
| | | | | | | | | | | | | | |
| Home Telephone # | | GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | | | | |
| Second Telephone Contact # | | | | | | | | | | | | | |
| E-Mail Address: | | | | | | | | | | | | | |
| | | CITIZENSHIP STATUS <input type="checkbox"/> US Citizen <input type="checkbox"/> Noncitizen with Right to Work in US <input type="checkbox"/> Noncitizen | | | | | | | | | | | |

SECTION 2 - CHARACTERISTICS

| | |
|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black or African American | |
| <input type="checkbox"/> Hawaiian Native or Other Pacific Islander | |
| <input type="checkbox"/> Hispanic or Latino | |

SECTION 3 - SELECTIVE SERVICE STATUS

| |
|--|
| <input type="checkbox"/> Female-Exempt from Registration |
| <input type="checkbox"/> Male under age 18-Exempt from Registration |
| <input type="checkbox"/> Registered Male 18 years of age or older |
| <input type="checkbox"/> Not Registered Male 18 years of age or older |

SECTION 4 – EDUCATIONAL INFORMATION

| | |
|---|---|
| Are you Currently Attending or have you ever Attended a: <input type="checkbox"/> 2-Year College <input type="checkbox"/> 4-Year College <input type="checkbox"/> Vocational/Technical Trade School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Work <input type="checkbox"/> Unknown Field of Study: _____ Number of Years Completed: _____ Length of Program: <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 3yr <input type="checkbox"/> 4yr <input type="checkbox"/> 5y | Have you received a: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate of Completion <input type="checkbox"/> Degree Type: _____ If you Dropped Out of School and do not have a GED, Please indicate the highest grade completed: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11th Last School attended: _____ Jurisdiction: _____ Last year attended: _____ Have you taken the GED test before? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ |
|---|---|

SECTION 5 – ADDITIONAL INFORMATION

| | | | |
|---|---|--|--|
| Are you a Foster Care Youth? <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you receive free or reduced priced lunch? <input type="checkbox"/> YES <input type="checkbox"/> NO | Do You Have a Disability? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach any special accommodations you may need in the workplace or during training). | Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A If no, last day worked ____/____/____ |
| Would you be interested in financial literacy information? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a budget? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you wish to receive credit counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have limited understanding of the English language and need English as a second language? <input type="checkbox"/> YES <input type="checkbox"/> NO |

Virginia Career Works – Captial Region

SECTION 6 - FAMILY AND SUPPORT INFORMATION

Are you pregnant or a parent?

YES NO # of children: _____

Are you/your family homeless?

YES NO

Are you a run away?

YES NO

Have you ever been in a situation with the legal system, placement or convicted of a felony?

YES NO

Do you have or have you ever had a problem with substance abuse?

YES NO

SECTION 6.A - FAMILY SIZE AND FAMILY INCOME INFORMATION

Definition of Family: Related by blood marriage or decree of the court. This includes parent(s) guardian(s) and dependent children only

| List names of the family members presently living in the home | Age | Relationship to Applicant | Has the person worked in the last 6 months | If so, total gross amount earned in the last 6 months | Place of employment |
|---|-----|---------------------------|--|---|---------------------|
| 1 | | Self | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

SECTION 6.B FAMILY SUPPLIMENTAL INCOME INFORMATION

| Does any member of the family living at home receive: | Yes | No | Family member | Amount/Month |
|---|-----|----|---------------|--------------|
| 1 TANF? | | | | |
| 2 Food Stamps? Or Food stamps in the past 6 months? | | | | |
| 3 Unemployment Insurance? | | | | |
| 4 Social Security Income? | | | | |
| 5 Child Support/Alimony? | | | | |
| 6 Disability Benefits? | | | | |
| 7 Social Security Retirement? | | | | |
| 8 Social Security Survivors? | | | | |
| 9 Veterans/ Minor Pension? | | | | |
| 10 College Financial Aid? | | | | |

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SECTION 6.C - SUPPORT SERVICES

What Transportation do you have available to participate in the program(s) you have selected?

- | | |
|---|---|
| <input type="checkbox"/> Have a car and will drive <input type="checkbox"/> Must rely on parent/guardian transportation <input type="checkbox"/> Will use public transportation | <input type="checkbox"/> Must rely on friends for transportation <input type="checkbox"/> Have access to a bicycle <input type="checkbox"/> No transportation |
|---|---|

Do you have a validate driver's license?

- YES NO If no, are you able to obtain a validate driver's license? YES NO
 If no, please explain

SECTION 7 – CAREER INTEREST

Career Goal:

What Career/Industry Are You Most Interested In? (Check All That Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Construction/Skilled Trades <input type="checkbox"/> Hospitality/Tourism/Leisure Services <input type="checkbox"/> Law/Public Safety/Security <input type="checkbox"/> Warehousing/Transportation/Logistics | <input type="checkbox"/> Medical/Healthcare/Biotechnology <input type="checkbox"/> Restaurant/Food Service <input type="checkbox"/> Chemistry/Physics/Other Physical Sciences | <input type="checkbox"/> Computer Sciences/Information Technology <input type="checkbox"/> Manufacturing/Processing/Utilities <input type="checkbox"/> Retail Sales/Management <input type="checkbox"/> Other _____ |
|---|---|--|

SECTION 8 – PERSONAL STATEMENT

Please hand write in narrative form, how the career area you selected above will help you in preparing for additional education, training and/or entering the workforce:

Are you connected to social media? YES NO

- | | |
|---|--|
| <input type="checkbox"/> Twitter Account _____ <input type="checkbox"/> Facebook Account: _____ <input type="checkbox"/> Pinterest Account: _____ | <input type="checkbox"/> LinkedIn Account: _____ <input type="checkbox"/> Second Email Account: _____ <input type="checkbox"/> Other _____ |
|---|--|

Virginia Career Works – Capital Region

SECTION: 9 EQUAL OPPORTUNITY AND NON-DISCRIMINATION

It is against the law for this recipient of Federal financial assistance to discriminate based on any individual in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity. Providing opportunities in, or treating any person with regard to, such a program or activity; Making employment decisions in the administration of, or in connection with, such a program or activity. If you believe that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer If you believe that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Office or the state EO Officer as provided below. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the director of Civil Rights Center U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210. If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Brian Davis, EEO Officer
 Capital Region Workforce Partnership
 1001 North Laburnum Ave., Suite B
 Richmond, VA 23223
 804-652-3228

Vicki M. Tanner, EEO Officer
 Virginia Community College System
 300 Arboretum Place, Suite 200
 Richmond, VA 23236
 (804) 819-1682

SECTION 10: GRIEVANCE POLICY

Virginia Career Works Capital Region Centers and Satellite Sites have a grievance/complaint procedure that you may use if you have a complaint related to your participation in any employment or training activity. The Grievance Procedure is available at each Center and Satellite Sites and a copy may be obtained from your counselor or from the Satellite Sites Director.

SECTION 11: VIDEO AND PHOTO RELEASE

I agree to allow photos or video of me and/or my family to be used for display or to promote the WIOA program in and for the Capital Region. I also agree to allow photos or video of me and/or my family and our participation in the WIOA Program to be released for the promotion of the program to the community. I agree for photos of me and/or family to be utilized in the published materials such as the organization's newsletter, annual report, billboards, television commercials and online articles. I understand that, should photos or video materials be considered for use, the staff of the WIOA Program will make every effort to contact and notify me of its intended use prior to publication.

Please initial here if you have read and agree to the video and phone release: _____

SECTION 12: NEPOTISM STATEMENT

Is any member of your immediate family employed in any administrative or support function in this agency, or any other agency/organization supported by this program Yes ___ No ___
 If yes, please list name and relationship of person (s) _____

SECTION 13 – APPLICANT CERTIFICATION STATEMENT

I certify that the information provided in this application is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may be asked to provide documents to support this application. Any additional information, including family income, family size and school records, will be requested and must be provided at the time of my eligibility determination appointment. I authorize the release of personal, financial and/or academic information to the Capital Region by organizations including but not limited to, employers, youth serving organizations, and government agencies, including the Department of Social Services, for the purpose of determining income and programmatic eligibility in the Capital Region to its agents and partners in the course of attempting to provide services to me.

Signature of Applicant: _____ **Date:** ____ / ____ / ____

IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT/GUARDIAN MUST SIGN

As a parent/guardian, I hereby grant permission for the above named youth to participate in the Youth Program and any related activities. I also grant permission for the collection and release of information as specified above. I also understand that I must be available to attend the eligibility determination appointment with my youth to complete the eligibility. Failure to do so will mean my child cannot participate.

Signature of Parent/Guardian: _____ **Date:** ____ / ____ / ____

A copy of this page must be provided to the applicant and guardian.