



WIOA Application

for Career Planning, Training, and Job Search Services

**Please complete the attached form, then return it to us in one of the following ways.
If you need help completing or submitting this form, please call (630) 955-2030.**

Instructions for Fillable PDF

Before beginning, ensure that you have downloaded this document to the device that you will be using to complete it. Failure to download the application may prevent the information that you enter from saving.

Résumé

Please include a copy of your resume with your application, if possible.

EMAIL	IN-PERSON OR BY MAIL	FAX
<p>Email your completed application to:</p> <p>applications@worknetdupage.org</p>	<p>Deliver or mail your completed application to:</p> <p>workNet DuPage Career Center 2525 Cabot Drive Suite 302 Lisle, IL 60532</p>	<p>Fax your completed application to:</p> <p>(630) 955-2059 Attn: M.F.G.</p>



WIOA Application for Career Planning, Training, and Job Search Services

Date: _____

YOUR INFORMATION

	<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-54	<input type="checkbox"/> 55+
Full Name	Age		
Address	City	Zip Code	
Email	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No May we text you at this number?	

DEMOGRAPHIC INFORMATION

Gender at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Qualified spouse of veteran <input type="checkbox"/> Transitioning service member <input type="checkbox"/> Not a Veteran	

HOW DID YOU HEAR ABOUT WORKNET DUPAGE?

- Community Organization _____
- Friend or Family Member _____
- Online Search _____
- Social Media _____
- School _____
- Other _____



OUR SERVICES

How can we help you?

- Funding for Training
- Job Search Workshops
- Resume Help
- Interviewing Practice
- Career Exploration & Planning
- Job Leads & Help Landing a Job
- Young Adult Internships (17-24)

FINANCIAL ASSISTANCE INFORMATION

Are you currently receiving, or have you received, Unemployment Insurance?

- Yes
- No

All forms of financial assistance received by your household in the last 6 months:

- Food Stamps (SNAP)
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Temporary Aid to Needy Families (TANF)
- Refugee Assistance

CHALLENGES TO GAINING AND KEEPING EMPLOYMENT

Check all that apply to you:

- English is not primary language
- Homeless
- No GED or high school diploma
- Misdemeanor or felony
- Pregnant/Parenting (Only check if you are ages 17-24)
- Lacking skills and education

Other challenges to gaining and keeping employment: _____

EDUCATION

Highest level of education achieved:

- No high school diploma/GED
- High school diploma/GED _____ (Graduation year)
- Some college _____ (Number of years)
- Associates _____ (Graduation year)
- Bachelors _____ (Graduation year)
- Masters _____ (Graduation year)
- Doctorate _____ (Graduation year)

If you are currently enrolled in school or registered for classes, please indicate where:



WORK HISTORY

MOST RECENT EMPLOYER

Employer:	_____		Your job title:	_____	
Hours/week:	_____	Salary:	<input type="checkbox"/> Less than \$29,999 (\$15/hr or less)	Reason for leaving:	<input type="checkbox"/> Fired
Start Date:	_____		<input type="checkbox"/> \$30,000-\$49,999 (\$16-\$25/hr)		<input type="checkbox"/> Laid Off
End Date:	_____		<input type="checkbox"/> \$50,000-\$74,999 (\$26-\$38/hr)		<input type="checkbox"/> Quit
	(Month/Year)		<input type="checkbox"/> \$75,000 and up (\$39/hr and up)		<input type="checkbox"/> Still working here

EMPLOYER 2

Employer:	_____		Your job title:	_____	
Hours/week:	_____	Salary:	<input type="checkbox"/> Less than \$29,999 (\$15/hr or less)	Reason for leaving:	<input type="checkbox"/> Fired
Start Date:	_____		<input type="checkbox"/> \$30,000-\$49,999 (\$16-\$25/hr)		<input type="checkbox"/> Laid Off
End Date:	_____		<input type="checkbox"/> \$50,000-\$74,999 (\$26-\$38/hr)		<input type="checkbox"/> Quit
	(Month/Year)		<input type="checkbox"/> \$75,000 and up (\$39/hr and up)		<input type="checkbox"/> Still working here

EMPLOYER 3

Employer:	_____		Your job title:	_____	
Hours/week:	_____	Salary:	<input type="checkbox"/> Less than \$29,999 (\$15/hr or less)	Reason for leaving:	<input type="checkbox"/> Fired
Start Date:	_____		<input type="checkbox"/> \$30,000-\$49,999 (\$16-\$25/hr)		<input type="checkbox"/> Laid Off
End Date:	_____		<input type="checkbox"/> \$50,000-\$74,999 (\$26-\$38/hr)		<input type="checkbox"/> Quit
	(Month/Year)		<input type="checkbox"/> \$75,000 and up (\$39/hr and up)		<input type="checkbox"/> Still working here

EMPLOYER 4

Employer:	_____		Your job title:	_____	
Hours/week:	_____	Salary:	<input type="checkbox"/> Less than \$29,999 (\$15/hr or less)	Reason for leaving:	<input type="checkbox"/> Fired
Start Date:	_____		<input type="checkbox"/> \$30,000-\$49,999 (\$16-\$25/hr)		<input type="checkbox"/> Laid Off
End Date:	_____		<input type="checkbox"/> \$50,000-\$74,999 (\$26-\$38/hr)		<input type="checkbox"/> Quit
	(Month/Year)		<input type="checkbox"/> \$75,000 and up (\$39/hr and up)		<input type="checkbox"/> Still working here



ADDITIONAL SERVICES

You may be eligible for additional services through our partner agencies. Based on your responses to the following set of questions, workNet DuPage will notify the appropriate partner. If you selected that you are interested in a service, the associated agency will contact you directly with more information.

Do you want someone from College of DuPage to contact you about:

English As A Second Language classes

How to get your GED

The certificate and training programs they offer

Do you want someone from the Illinois Division of Rehabilitation Services to contact you about employment and training programs for people with disabilities?

Yes

Do you want someone from IDES to contact you about:

Getting a free online job matching account through Illinois JobLink

Services for Veterans and Spouses of Veterans

Do you want someone from Department of Human Services to contact you about applying for food stamps, Medicaid, or childcare assistance?

Yes

Do you want someone from Community Assistance Programs (CAPs) and/or National Able to contact you regarding employment services for individuals ages 55+?

Yes

IF YOU CHECKED ANY OF THE BOXES ABOVE, PLEASE PROVIDE YOUR NAME, EMAIL ADDRESS, AND PHONE NUMBER.

Full Name

Email

Phone