



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

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.

**You can submit the completed form to us in the following ways.
If you need help completing or submitting this form, please call (630) 955-2030.**

SECURE UPLOAD

Copy and paste this into the URL field:

<https://worknetdupage91.sharefile.com/r-r9d1d0f9a7b69419696fdcf7cae144a88>

Or click here:

[ShareFile](#)

**Leave the Company
field blank.**

IN-PERSON OR BY MAIL

Deliver or mail your completed application to:

workNet DuPage Career Center
2525 Cabot Drive
Suite 302
Lisle, IL 60532

FAX

Fax your completed application to:

(630) 955-2059



ABOUT OUR SERVICES

Young Adult Services (COMPLETE ALL PAGES)

workNet DuPage provides eligible young adults with free training and employment services to help them start a career with a future.

These services are appropriate if you are **17-24 years old** and interested in:

- Funding to go to school
- A paid internship
- Help making a career plan or exploring careers

Short-Term Services (COMPLETE PAGES 4 & 7)

These services consist of a **short, one-time contact** with a staff person from either workNet DuPage or a partner organization.

Short-term services may be appropriate if you are interested in:

- One-time basic resume review
- One-time guidance on DuPage County employers to look into
- Public workshops and programs covering interviewing, resumes, computer skills, and our job search discussion group

Long-Term Services (COMPLETE ALL PAGES)

To qualify for long-term services, you must meet WIOA eligibility requirements. This will require you to complete a full application and assessment process. You will be required to provide requested documentation, which may include work authorization documents, diplomas, proof of income, proof of benefits, etc.

If you are approved for long-term services, you will be required to maintain regular communication with your assigned Career Counselor for an extended period (**a few months to over a year**).

Long-term services include:

- Funding for job training/education that is necessary for you to obtain full-time employment



SERVING THOSE WITH DISABILITIES

The Illinois Department of Human Services' (IDHS) Division of Rehabilitation Services (DRS) is the state's lead agency serving individuals with disabilities. DRS works in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through employment, education, and independent living opportunities.

Have questions? If you live in DuPage County, you can contact DRS personnel at the Career Center by calling (630) 799-1078.

If you live outside of DuPage County, use the DHS Office Locator at <https://www.dhs.state.il.us> to search for Rehabilitation Services to find the nearest local office. DRS staff provide services to people with disabilities in 47 local offices located in communities throughout the state.

workNet DuPage proudly provides long-term services to all eligible residents of DuPage County, including those with disabilities. While the DRS is especially suited to provide employment and other services to Illinois residents with disabilities, an individual may apply for services through the agency of their choice.



Date: _____

**ARE YOU INTERESTED IN SHORT-TERM, LONG-TERM, OR YOUNG ADULT SERVICES?
CHOOSE ONLY ONE.**

Short-term Services <i>Check all that interest you</i>	Long-term Services <i>Check only one</i>	Young Adult Services (17-24) <i>Check all that interest you</i>
<input type="checkbox"/> One-time basic resume review/feedback <input type="checkbox"/> One-time guidance on DuPage County employers to look into <input type="checkbox"/> Attending open to the public workshops and programs	<input type="checkbox"/> Funding for job training/education that is necessary for you to obtain full-time employment <input type="checkbox"/> Funding for job training/education and employment assistance specific to people with disabilities	<input type="checkbox"/> Funding to go to school for a certificate, license, or other credential <input type="checkbox"/> A paid Internship or other work experience <input type="checkbox"/> I am unsure / I need help making a career plan or exploring careers and job options

YOUR INFORMATION

Full Legal Name *(NO NICKNAMES OR SHORTENED NAMES)* _____ **Date of Birth** *(optional)* _____

Address _____ **City** _____ **Zip Code** _____
 Yes No

Email _____ **Phone** _____ **May we text you at this number?**

Text correspondence is limited to appointment reminders and, as a last resort, a contact method to reach inquirants and clients that have not responded to emails or phone calls from workNet DuPage staff. Standard messaging and data rates may apply. You may opt out of text correspondence at any time by texting STOP in response to any text sent by workNet DuPage.

DEMOGRAPHIC INFORMATION

Age Range: <input type="checkbox"/> 16-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+	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 or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian or Pacific Island <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



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:

- | | |
|--|---|
| <input type="checkbox"/> Food Stamps (SNAP) | <input type="checkbox"/> Temporary Aid to Needy Families (TANF) |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Refugee Assistance |
| <input type="checkbox"/> Supplemental Security Income (SSI) | |

CHALLENGES TO GAINING AND KEEPING EMPLOYMENT

Check all that apply to you:

- | | |
|--|--|
| <input type="checkbox"/> English is not my primary language | <input type="checkbox"/> I have a misdemeanor or a felony |
| <input type="checkbox"/> I am a foster child / I aged out of foster care | <input type="checkbox"/> I do not have a GED or high school diploma |
| <input type="checkbox"/> I am homeless | <input type="checkbox"/> I am pregnant / a parent (Only check if <u>you</u> are 17-24 years old) |
| <input type="checkbox"/> I am lacking skills and education | |

Other challenges to gaining and keeping employment:

EDUCATION

Highest level of education achieved:

- | | |
|---|-------------------------|
| <input type="checkbox"/> No high school diploma/GED | |
| <input type="checkbox"/> High school diploma/GED | _____ (Graduation year) |
| <input type="checkbox"/> Some college | _____ (Number of years) |
| <input type="checkbox"/> Associates | _____ (Graduation year) |
| <input type="checkbox"/> Bachelors | _____ (Graduation year) |
| <input type="checkbox"/> Masters | _____ (Graduation year) |
| <input type="checkbox"/> 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: _____	<input type="checkbox"/> I earned a salary
Start Date: _____	\$_____ per year
End Date: _____	<input type="checkbox"/> I earned an hourly wage
(Month/Year)	\$_____ per hour
	Reason for leaving: <input type="checkbox"/> Fired
	<input type="checkbox"/> Laid Off
	<input type="checkbox"/> Quit
	<input type="checkbox"/> Still working here

EMPLOYER 2

Employer: _____	Your job title: _____
Hours/week: _____	<input type="checkbox"/> I earned a salary
Start Date: _____	\$_____ per year
End Date: _____	<input type="checkbox"/> I earned an hourly wage
(Month/Year)	\$_____ per hour
	Reason for leaving: <input type="checkbox"/> Fired
	<input type="checkbox"/> Laid Off
	<input type="checkbox"/> Quit
	<input type="checkbox"/> Still working here

EMPLOYER 3

Employer: _____	Your job title: _____
Hours/week: _____	<input type="checkbox"/> I earned a salary
Start Date: _____	\$_____ per year
End Date: _____	<input type="checkbox"/> I earned an hourly wage
(Month/Year)	\$_____ per hour
	Reason for leaving: <input type="checkbox"/> Fired
	<input type="checkbox"/> Laid Off
	<input type="checkbox"/> Quit
	<input type="checkbox"/> Still working here

EMPLOYER 4

Employer: _____	Your job title: _____
Hours/week: _____	<input type="checkbox"/> I earned a salary
Start Date: _____	\$_____ per year
End Date: _____	<input type="checkbox"/> I earned an hourly wage
(Month/Year)	\$_____ per hour
	Reason for leaving: <input type="checkbox"/> Fired
	<input type="checkbox"/> Laid Off
	<input type="checkbox"/> Quit
	<input type="checkbox"/> Still working here



ADDITIONAL SERVICES

You may be eligible for additional services through our partner agencies. If you specify that you are interested in a service listed below, the associated agency will contact you with more information.

Representatives from the agencies listed below do not work for DuPage County and cannot provide you with an update on the status of your application with the workNet DuPage Career Center.

Do you want someone from College of DuPage (COD) to contact you about:	<input type="checkbox"/> Free English Language Acquisition (ELA) classes <input type="checkbox"/> How to get your GED <input type="checkbox"/> The degree and certificate programs they offer
Do you want someone from the Illinois Division of Rehabilitation Services (DHS) to contact you about employment and training programs for people with disabilities?	<input type="checkbox"/> Yes
Do you want someone from the Illinois Department of Employment Security (IDES) to contact you about:	<input type="checkbox"/> Getting a free online job matching account through Illinois JobLink <input type="checkbox"/> Services for Veterans and Spouses of Veterans
Do you want someone from the Illinois Department of Human Services (IDHS) to contact you about:	<input type="checkbox"/> Food stamps / Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Child Care Assistance Program (CCAP) <input type="checkbox"/> Medicaid <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
Do you want someone from Community Assistance Programs (CAPs) to contact you regarding employment services for individuals aged 55+?	<input type="checkbox"/> Yes

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

_____ **Full Name**

_____ **Email**

_____ **Phone**

HOW DID YOU HEAR ABOUT WORKNET DUPAGE?

<input type="checkbox"/> Community Organization	_____
<input type="checkbox"/> Friend or Family Member	_____
<input type="checkbox"/> Online Search	_____
<input type="checkbox"/> Social Media	_____
<input type="checkbox"/> School	_____
<input type="checkbox"/> Other	_____