



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: (_____) _____ - _____

<p>Dislocated Worker Information:</p> <p>Date lay-off notice was received: _____ / _____ / _____</p> <p>Effective date of lay off notice: _____ / _____ / _____</p> <p>ONET Code for Job of Dislocation _____</p> <p>What is your dislocation status? (Check One)</p> <p><input type="checkbox"/> (L) Term/Laid Off <input type="checkbox"/> (P) Public Announce.</p> <p><input type="checkbox"/> (R) Received notice of Termination/Lay Off</p> <p><input type="checkbox"/> (C) Certificate of separation <input type="checkbox"/> (N) None</p> <p>What is your return status? (Check One)</p> <p><input type="checkbox"/> (U) Unlikely to return to your previous industry or occupation) <input type="checkbox"/> (L) Likely to return/remain</p> <p><input type="checkbox"/> (R) Retiring</p> <p>Are you monetarily eligible for UI? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your plant status?</p> <p><input type="checkbox"/> (N) None <input type="checkbox"/> (C) Closed <input type="checkbox"/> (S) Substantial Layoff</p>	<p>Youth Information:</p> <p>What is your educational status? (Check One)</p> <p><input type="checkbox"/> (S) Student</p> <p><input type="checkbox"/> (P) Student-attending post high school</p> <p><input type="checkbox"/> (D) H.S. dropout</p> <p><input type="checkbox"/> (W) Out of school HS grad. with employment difficulty</p> <p><input type="checkbox"/> (A) Student, attending alternative school</p> <p>Are you a pregnant or parenting youth? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a foster child on whose behalf state payments are made? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a youth that needs additional assistance to complete an educational program or to secure and hold employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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:

PARTICIPANT SELF-ASSESSMENT (PSA)

(To be completed by Workforce Center participant)

Notice to Participant: Information you give us on this form will be held in strict confidence, unless you give us signed permission to share information with another agency which is assisting you. In rare cases, we must release information when required by statute or regulation, or by a court of law. We will inform authorities if you communicate by statement or action any clear and imminent danger to yourself or another person. Youth respond to items marked by *.

Name: _____ SSN: _____ Age: _____ Date: _____

What occupation(s) are you most interested in? _____
 I have no preference.

In order to go to work, do you need help in any of the following areas?

- | | |
|--|---|
| <input type="checkbox"/> Access to the Resource Center resources | <input type="checkbox"/> Job referrals |
| <input type="checkbox"/> Career planning or counseling | <input type="checkbox"/> Career information |
| <input type="checkbox"/> Job seeking assistance (resume, interviewing) | <input type="checkbox"/> Transportation (see page 6) |
| <input type="checkbox"/> Education/vocational school information | <input type="checkbox"/> Tuition assistance |
| <input type="checkbox"/> Assessment of job skill levels, interests & aptitudes | <input type="checkbox"/> Agency referral |
| <input type="checkbox"/> Health/mental health issues/conditions | <input type="checkbox"/> Child Care (see page 6) |
| <input type="checkbox"/> Job skills training | <input type="checkbox"/> High school or GED |
| <input type="checkbox"/> Computer skills training | <input type="checkbox"/> Basic educational skills |
| <input type="checkbox"/> Financial needs/income maintenance | <input type="checkbox"/> Legal issues and concerns (see page 6) |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Family issues |
| <input type="checkbox"/> Driver license | <input type="checkbox"/> Other _____ |

Job skills (list): _____

Computer skills (list): _____

Languages you speak: _____ Languages you write: _____

Work history: List all jobs (paid or volunteer) you have held in the last 10 years starting with your current or most recent job. Use the back of this page if necessary.

Company: _____ Phone#: (____) _____
Address: _____ Job Title: _____
Dates of employment: ____/____/____ to ____/____/____ Hours per week: _____
Wages: \$ _____ per _____ Job Duties: _____

Reason for leaving: _____

Company: _____ Phone#: (____) _____
Address: _____ Job Title: _____
Dates of employment: ____/____/____ to ____/____/____ Hours per week: _____
Wages: \$ _____ per _____ Job Duties: _____

Reason for leaving: _____

Company: _____ Phone#: (____) _____
Address: _____ Job Title: _____
Dates of employment: ____/____/____ to ____/____/____ Hours per week: _____
Wages: \$ _____ per _____ Job Duties: _____

Reason for leaving: _____

Your education and training: Currently in school? Y N Did you complete? Y N

- Highest grade completed _____ Last date attended _____
- High school graduate (date) _____ GED (date) _____
- Vocational training (date, certificate) _____
- College/University (degree, date) _____
- Other (list) _____

 Do you have any physical or mental health conditions that may affect your ability to enter/complete into a work or job training program? Y N Please explain : _____

List any drugs or medications you are taking that might affect your work or training?: _____

 Family Information: *Are you pregnant and/or parenting? Y N Ages of children: _____
 Family member have a medical problem requiring your care or assistance? Y N
 If yes regarding medical problems, please explain _____

Do you have a valid driver's license? Y N *Are you in foster care or homeless? Y N

Will your family or friends help you with:

child care transportation financial assistance (for example, school costs)
 room & board other assistance to help you work (list) _____

 Convicted of a felony? Y N Misdemeanor? Y N Year convicted: _____
 *Original Charge: _____ *Conviction charge: _____
 Has sentence been completed? Y N
 Currently on probation/parole? Y N Have you abused drugs &/or alcohol? Y N
 Does domestic violence your affect ability to work or to keep a job? Y N

 Are receiving assistance from other agencies (SWAP, Voc Rehab, Social Security, Social Services, Church, Mental Health, Law Enforcement, etc.)? Y N If so, please describe the services provided: _____

Please write a short summary of your current situation and circumstances, and what you hope to get from the WIA program. _____

ALL THE INFORMATION I HAVE GIVEN HERE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

* – Response by youth only

FOR OFFICE USE ONLY – DISPOSITION OF ENROLLMENT	
Recommend for enrollment?: Y <input type="checkbox"/> N <input type="checkbox"/>	If not enrolled, referred to: _____
Staff member signature: _____	Date: _____

NOTICE TO APPLICANT – EQUAL OPPORTUNITY IS THE LAW

The Colorado Department of Labor and Employment, Division of Employment and Training is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity. The Colorado Department of Labor and Employment, Division of Employment and Training is prohibited from discriminating in any of the following areas: Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity; Providing opportunities in, or treating any person with regard to, such a program or activity; or Making employment decisions in the administration of, or in connection with, such a program or activity.

If you believe you have been discriminated against under a WIA 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 Colorado Department of Labor and Employment's Equal Opportunity Officer, JoAnna Miller, at Tower 2, Suite 775, 1515 Arapahoe Street, Denver, CO 80202-2117, or you may file a complaint directly with the Directorate of Civil Rights (DCR), U.S. Department of Labor 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, Colorado Department of Labor and Employment, 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 Civil Rights Center. 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 Colorado Department of Labor and Employment 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.

For further information or assistance, please contact the nearest Workforce Center in your area.

AVISO PARA SOLICITANTE **LA IGUALDAD DE OPORTUNIDAD ES LA LEY**

Se le prohíbe al Departamento de Labor y Empleo de Colorado, División de Empleo y Adiestramiento, el discriminar contra cualquier persona por su raza, color, religión, sexo, origen nacional, edad, inhabilidad, afiliación política o creencia, y solo para beneficiaros, ciudadanía o participación en programas financiados bajo el Departamento de Labor de los Estados Unidos, (U.S. Department of Labor) en la admisión o acceso a, oportunidad o trato en, o empleo en la administración de, o en conexión con cualquier programa o actividad capita



COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

WORKFORCE INVESTMENT ACT (WIA)

COMPLAINT PROCEDURE/EEO

If, at any time during your participation in a WIA program you feel that you have been treated unfairly, then you may take recourse by filing a complaint. The aggrieved action must be WIA related and may pertain to any of the following matters.

- | | |
|----|--|
| 1. | Discrimination on the grounds of race, color, national origin, citizenship, sex, age, religion, disability, or political affiliation or belief (Provide Notice to Applicant); |
| 2. | Payment of wages; |
| 3. | Dissatisfaction with working conditions; |
| 4. | Disciplinary action; |
| 5. | The WIA is required by Public Law 107-288, section 2(a) of the Jobs for Veterans Act 38 U.S.C. 4215 (a) to give priority of service to veterans (and some spouses) "who otherwise meet the eligibility requirements for participation" in DOL training programs; |
| 6. | Any other matters in which you have not been treated fairly. |

After all efforts have failed to verbally resolve your matter in question, you may request a Report of Complaint Form from your local CRWC representative located at:

**Broomfield Workforce Center
6650 West 120th Avenue, A1
Broomfield, CO 80020
303/464-5855**

Your local Workforce representative will provide you with any needed assistance in completing the complaint form and will also provide you with the names, addresses, and phone numbers of the appropriate Workforce Director. Upon receipt of a written complaint, your local workforce center will provide you with a copy of the complete WIA Complaint Procedures.

A member of the local workforce center staff has explained and discussed with me the WIA Complaint Procedure. I also acknowledge receipt of the form "NOTICE TO APPLICANT – EQUAL OPPORTUNITY IS THE LAW."	
_____	_____
Participant's Signature	Date

I have explained and discussed the WIA Complaint Procedure with the participant.	
_____	_____
Staff Member's Signature	Date

Original: Participant's File
Copy: Participant

I certify that the information provided during work registration and contained in this application is true to the best of my knowledge. I am aware that this information is subject to review and verification, and that I may be required to provide documentation in its support. I am also aware that I am subject to immediate termination from the program if I am found ineligible after enrollment, and may be prosecuted for fraud and/or perjury if the information I have provided is false. In addition, I understand that the information I provided will be kept in strict confidence. It will be used to determine whether I am eligible for program services, and to compile statistics. I understand that the information will not be released for any other purpose without written consent.

I am aware that if I am enrolled in the Workforce Investment Program, that I have a 12-month follow-up requirement. I may be contacted by telephone or mail after leaving the program during this follow-up period and asked survey questions about my employment status and earnings since leaving the program. I am aware that my answers to these questions will remain strictly confidential and will not affect any other benefits that I may be receiving.

I have been informed of the appeals process I can follow if I disagree with a Broomfield Workforce Center and/or WIA service provider's decisions, based on information contained in this application. I have read and understand Section 34.23(a)(5) of Title 29 CFR: Equal Opportunity is the Law.

Applicant's Signature

Date

Interviewer's Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT: 34.23 (A)(5) OF Title 29 CFR:

This recipient is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief and for beneficiaries only, citizenship or participation in programs funded under the Workforce Investment Act, in admission or access to opportunity or treatment in, or employment in the administration of or in connection with, any WIA-funded program or activity. If you think that you have been subjected to discrimination under a WIA-funded program or activity, you may file a complain within 180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer (or the person designated for this purpose), or you may file a complaint directly with the director, Directorate of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, DC 20210. If you elect to file your complaint with the recipient, you must wait until the recipient issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the recipient has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with DCR within 30 days of the expiration of the 60-day period. If you are dissatisfied with the recipient's resolution of your complaint, you may file a complaint with the DCR. Such complaint must be filed with 30 days of the date you received notice of the recipient's proposed resolution.

Authorization to Release/Exchange Information

I, _____ authorize Broomfield Workforce Center to release/exchange information with any agency for the purpose of assessment and enrollment into Workforce Investment Programs. If I do not authorize the release/exchange of information, I understand that I may not be enrolled in Broomfield Workforce Center programs because of an incomplete assessment. I have the right to inspect and copy the information released/exchanged. I also understand that any information released/exchanged will be kept confidential and will be used only to determine eligibility and appropriateness for Broomfield Workforce Center programs.

Applicant's Signature

Date

Broomfield Workforce Center Staff Signature

Date



Broomfield Workforce Center



BROOMFIELD WORKFORCE CENTER WORKFORCE INVESTMENT ACT (WIA) COMPLAINT PROCEDURE

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1. Discrimination on the grounds of race, color, national origin, citizenship, sex, age, religion, disability, or political affiliation or belief (Provide Notice to Applicant);
2. Payment of wages;
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A member of the local workforce center staff has explained and discussed with me the WIA Complaint Procedure.

Participant's Signature Date

I have explained and discussed the WIA Complaint Procedures with the participant.

Staff Member's Signature Date

**Colorado Department of Labor and Employment
Workforce Development Programs
AFFIDAVIT OF IMMIGRATION STATUS**

Social Security Number: _____

Print Your Name: _____

Are you a United States (U.S.) citizen? Yes No Alien Permit Number _____

If No, verify or provide your alien permit number.

If you are not a U.S. citizen, are you in satisfactory immigration status? Yes No

In accordance with the Colorado Revised Statutes 24-76.5, you must possess **one** of the following forms of identification (ID). Check the appropriate box and provide the ID number. If you do not possess one of the forms of ID listed and do not provide the requested information, your benefits may be denied. If you do not possess one of the listed forms of ID, check "**Other**," specify another type of ID, and provide the ID number.

<input type="checkbox"/> Colorado Driver's License ID Number _____	<input type="checkbox"/> Colorado Identification Card ID Number _____
<input type="checkbox"/> U.S. Military Card ID Number _____	<input type="checkbox"/> Military Dependent Identification Card ID Number _____
<input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card ID Number _____	<input type="checkbox"/> Native American Tribal Document ID Number _____
<input type="checkbox"/> Other State Driver's License/State ID Card ID Number _____	Expiration Date _____

Affirmation

I affirm under penalty of perjury that the above information is true to the best of my knowledge. I understand that my lawful presence in the U.S. will be verified before workforce program services can be provided. I affirm that I am a U.S. citizen, legal permanent resident, or am otherwise lawfully present in the U.S. I understand that there are severe penalties for providing false statements and willfully misrepresenting information in order to obtain or increase workforce program services. I authorize the release of all information to determine my eligibility for workforce program services. I understand this may include release of information from former employers, verification with the U.S. Bureau of Citizenship and Immigration Services, and sharing of information with other public agencies in the performance of their public duties in accordance with the Colorado Employment Security Act 8-72-107.

Signature _____

Date _____

Required Documentation

- **Birth Certificate**
- **Social Security Card**
- **Picture I.D.**
- **Barrier Documented**