

**Waccamaw WIOA Youth, Adult and Dislocated Worker Services
Request for WIOA Services**

Name:		
Address:		
City/State/Zip		
Phone:		
Birth Date (Youth Only):		
County of Residence:		
Please provide the following information regarding your request for assistance:		
What type of job are you looking for?		
Do you need training to obtain employment?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Type of assistance requested:	<input type="checkbox"/> tuition	<input type="checkbox"/> books
	<input type="checkbox"/> tools	<input type="checkbox"/> uniforms
	<input type="checkbox"/> transportation	<input type="checkbox"/> child care
	<input type="checkbox"/> other:	<input type="checkbox"/> other:
<p>This agency does not unfairly exclude individuals from opportunities or make decisions based upon race, color, religion, national origin, political affiliation, sexual orientation, age or disability. <i>The completion of this application does not create entitlement to services authorized under the Workforce Innovation and Opportunity Act.</i></p>		
_____	_____	
Applicant's Signature	Date	
For Office Use Only		
_____ Date Approved for WIOA Service		
The following items have been distributed to the participant:		
___ Resource Guide ___ Program Info ___ EEO forms ___ Grievance Procedures		
Date: _____ Career Agent Signature: _____		
_____ Date Placed on Waiting List (LWIOA Approval Only)		
_____ Date Approval Denied Reason: _____		

RESUME BUILDER

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE: (Primary)

(Secondary)

E-mail: (Primary)

SKILLS AND ABILITIES

You must list at least 3 skills that qualify you for the positions you will be applying for. Examples are:

- Over 5 years of production and warehouse experience
- Knowledge of Microsoft Office Applications
- Basic Knowledge of Medical Terminology and Billing

1.

2.

3.

4.

5.

WORK EXPERIENCE

NAME OF COMPANY:

DATES:

CITY, STATE:

POSITION:

JOB DUTIES: (you must list at least 3)

1.

2.

3.

NAME OF COMPANY:

DATES:

CITY, STATE:

POSITION:

JOB DUTIES: (you must list at least 3)

1.

2.

3.

WORK EXPERIENCE

NAME OF COMPANY:

DATES:

CITY, STATE:

POSITION:

JOB DUTIES: (you must list at least 3)

1.

2.

3.

NAME OF COMPANY:

DATES:

CITY, STATE:

POSITION:

JOB DUTIES: (you must list at least 3)

1.

2.

3.

EDUCATION

COLLEGE/HIGH SCHOOL:

DATES:

CITY, STATE:

DEGREE/DIPLOMA RECEIVED:

COLLEGE/HIGH SCHOOL:

CITY, STATE:

DEGREE/DIPLOMA RECEIVED:

ADDITIONAL INFORMATION



Self-Assessment of Service Needs

Name:		Last Four Digits of Social Security Numbers					
EMPLOYMENT GOAL – Short Term				EMPLOYMENT GOAL – Long Term			
Title:	Anticipated Wage	Title:	Anticipated Wage:				
Please place a check by the services you believe you may need to access.							
EDUCATIONAL SERVICES				SUPPORT SERVICES			
<input type="checkbox"/> Basic Skills				<input type="checkbox"/> Referral for Child Care Assistance			
<input type="checkbox"/> GED				<input type="checkbox"/> Transportation Needs <input type="checkbox"/> No transportation			
<input type="checkbox"/> ESL				<input type="checkbox"/> Health Screening Needs			
<input type="checkbox"/> Other (specify)				Type _____ & why _____			
EMPLOYMENT/CAREER GUIDANCE SERVICES				<input type="checkbox"/> Referral for Credit Counseling			
<input type="checkbox"/> Job Search/Placement Assistance				<input type="checkbox"/> Referral for Personal/Family Counseling County of Residence _____			
<input type="checkbox"/> Resume Development				<input type="checkbox"/> Job Aids Needed <input type="checkbox"/> Tools/Equipment <input type="checkbox"/> Other _____			
<input type="checkbox"/> Career Counseling/Planning				<input type="checkbox"/> Referral for Housing Assistance			
<input type="checkbox"/> Group Counseling/Peer Support				<input type="checkbox"/> Referral for TANF			
<input type="checkbox"/> Workshops				<input type="checkbox"/> Referral for Food Stamps/SNAP			
<input type="checkbox"/> Non-Traditional Employment Counseling				<input type="checkbox"/> Referral for Legal Assistance <input type="checkbox"/> Referral for Bonding			
<input type="checkbox"/> Other Employment/Career Services (specify)				<input type="checkbox"/> Other Support Needs (specify)			
JOB TRAINING SERVICES							
<input type="checkbox"/> Occupational Skills Training		<input type="checkbox"/> Skills Upgrading & Retraining		<input type="checkbox"/> Apprenticeship			
<input type="checkbox"/> On-The-Job Training		<input type="checkbox"/> Customized Training		<input type="checkbox"/> Other (specify)			

This is an initial planning document only and indicates my self-assessment of potential services I believe I need. I agree to inform my Career Agent of why I believe I need the service I've identified. I also will let the Career Agent know of any changes in my initial decision and will actively work with my Career Agent to examine my skills, abilities and knowledge through an objective assessment process.

Customer Signature _____

Date _____

Career Agent Signature _____

Date _____

WIOA Job Search Log

Date:	Company Name & Contact Person:	Company Telephone #	Position Applied for:	How attempt was made:	Qualified for job? Y/N	Outcome: Ex. Interview/Call back

All jobs listed must be current & listed on this form.
There must be a minimum of five (5) jobs.

In order to transition from core services to intensive services you must be actively seeking employment, need additional assistance in finding employment and also be WIOA eligible. This is one tool that will be used to determine the current efforts of your job search.

By signing below you acknowledge that the above information provided is accurate.

Customer Signature

Date



WIOA Eligibility Documentation Checklist

It is our goal to provide the best quality service and in order to ensure a smooth determination process; we ask that you use this checklist to prevent a delay in your eligibility process. As a federally funded employment and training program, the following types of documentation will be required if you wish to receive the full range of WIOA service.

Please bring the following documents when you return for the scheduled Orientation Session if you are interested in the full range of re-employment services.

<p>Right to Work</p> <p><i>Please bring ONE of the following documents:</i></p> <ul style="list-style-type: none"> - Driver's License - Passport - Naturalization Certification - Alien Registration Card - Foreign Passport (Stamped eligible to work) 	<p>Selective Service (Males born on or after Jan. 1, 1960)</p> <p><i>Please bring ONE of the following:</i></p> <ul style="list-style-type: none"> - DD214 - Internet Verification (www.sss.gov) - Not Applicable (Females) - Other:
<p>Social Security Number</p> <p><i>Please bring <u>ONE</u> of the following documents:</i></p> <ul style="list-style-type: none"> - Social Security Card - DD214 (Veteran's Only) - Employment Records/UI - Social Security Benefits - W2 Form 	<p>Dislocated Worker's</p> <p><i>You must fit into one of the following numbered categories and provide documentation for each tem within the category:</i></p> <ol style="list-style-type: none"> 1. Notice of Layoff and monetary determination or proof of unemployment benefits and unlikely to return to previous industry or occupation. 2. Notice of permanent closure 3. Self-employed and unemployed as a result of natural disaster or general economic conditions in the community where you reside 4. Displaced homemaker who has been providing unpaid services to family members in the home and who has been dependent on income from another family member but is no longer supported by that income and is unemployed or underemployed while experiencing difficulty upgrading or obtaining employment.
<p>Other Required Documents:</p> <ol style="list-style-type: none"> 1. Most recent pay stub for yourself and all other IMMEDIATE family members in household for the last 6 months (if employed). 2. Documentation of highest level of education (HS Diploma, GED; AS/AA Degree; BA/BS Degree) 3. Contact information for TWO alternate contacts (Name, address, phone number) 4. DSS printout if receiving SNAP (food stamps); SSDI; FI (TANF). 5. Utility bill with updated address, IF different from driver's license. 6. Documentation showing status of any student loans. 7. Youth aged 16-24: documentation of pregnant or parenting, homeless, foster care, offender status, drop-out if applicable. 	