



CFL **Workers Assistance  
Committee**

## **PROGRAM APPLICATION AND QUESTIONNAIRE**

The confidential information you provide in this application is for the sole purpose of helping you to obtain employment and training services. Please PRINT CLEARLY and fill in completely. Any missing or illegible information may delay processing or disqualify your application.

The Department of Commerce and Economic Opportunity (DCEO) is committed to protecting the privacy of its vendors, grantees and beneficiaries of programs and services. At times, DCEO will request social security numbers (SSNs) or other personal identifying information. Federal and state laws, rules and regulations require the collection of this information for certain purposes relating to employment and/or payments for goods and services, including, but not limited to, grants. DCEO also collects confidential information for oversight and monitoring purposes. Furnishing personal identity information, such as a social security number, is voluntary; however, failure to provide required personal identity information may prevent an individual or organization from using the services/benefits provided by DCEO as a result of state or federal laws, rules and regulations.

### **PLEASE PRINT CLEARLY AND USE INK PEN**

#### **SECTION 1: CUSTOMER CONTACT INFORMATION**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City Ward: \_\_\_\_\_ (if Chicago) **Staff:** Use [www.newschicago.org](http://www.newschicago.org) to look up Ward info

Are you a union member?  Yes  No If "yes" which local union? \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\* Email: \_\_\_\_\_

**Email Required**

Chicago Housing Authority:  Yes  No

## SECTION 2: ADDITIONAL CONTACT INFORMATION

***At least 2 additional contacts who do NOT live at your residence and that you maintain frequent contact with (family members are preferred), are required in the event that we are not able to contact you.***

- 1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- 2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## SECTION 3: PRIVATE INFORMATION

**Gender:**  Male  Female

**Hispanic or Latino?**  Yes  No

**Race/Ethnicity:**

- Asian  Hawaiian/Pacific Islander  White  
 Black  American Indian/Alaskan Native  Prefer Not To Answer

**Authorized to work in the US?:**  Yes  No

**Disability Status** - please check any that apply:

- No Disability  Disability  Disability Affecting Employment  
 Developmental Disability  Learning Disability

**Category of Disability:**  Physical Impairment  
 Mental Impairment  
 Both Physical & Mental Impairment

**Did you register for Selective Service?** (Not applicable if you are a female, were born before 1960, or naturalized/registered to work in US after turning 26)

Yes  No  Not Applicable - Reason: \_\_\_\_\_

#### SECTION 4: VETERAN STATUS

**Veteran Status:**  Not a Veteran  Veteran  Qualified Spouse  Transitioning Service Member

*The rest of this section applies only to Veterans or Qualified Spouses*

Branch  Air Force  Army  Coast Guard  Navy  Marines

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Nature of Military Discharge:

Honorable  Less than Honorable  Dishonorable

Service connected disability -If you have a service connected disability, are you a:

Disabled Veteran  Special Disabled Veteran

***Please note:*** A **Disabled Veteran** has a service connected disability of 29% or less. A **Special Disabled Veteran** has a service connected disability of 30% or greater.

Have you participated in Transitional Assistance Program (TAPS) in the past three years?  Yes  No

Armed Forces Campaign or Expeditionary Medal?  Yes  No

U.S. Citizen?  Yes  No

#### SECTION 5: CONCURRENT PROGRAMS

***Please check off any programs that you are currently participating in.***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adult Education   | <input type="checkbox"/> Job Corps            | <input type="checkbox"/> Farm Worker Program          |
| <input type="checkbox"/> Native American Program   | <input type="checkbox"/> Trade Adjustment Act | <input type="checkbox"/> Vocational Education         |
| <input type="checkbox"/> Vocational Rehabilitation   | <input type="checkbox"/> Wagner-Peyser        | <input type="checkbox"/> Title V Activities (OAA)     |
| <input type="checkbox"/> HUD Program   | <input type="checkbox"/> Veteran's DVOP/LVER  | <input type="checkbox"/> Veteran's Workforce Programs |
| <input type="checkbox"/> NAFTA-TAA   |   |   |
| <input type="checkbox"/> Community Service Block Grant Program <input type="checkbox"/> Other non-WIOA program : _____ |   |   |

#### SECTION 6: EDUCATION STATUS

Circle the Highest Level of Education and credentials/degrees if applicable:

Grade School: 1 2 3 4 5 6 7 8

High School: 9 10 11 12 No Diploma/GED Diploma GED

College/University: Freshman Sophomore Junior Senior

Degree(s): Associate's Bachelor's Master's Doctorate

Pell Grant Recipient?  Yes  No Pell Grant Amount: \_\_\_\_\_

Are you currently in school or training?  Yes  No  
 School \_\_\_\_\_ Program \_\_\_\_\_  
 Full time  Part time  
 Are you currently in a Bridge program?  Yes  No Where: \_\_\_\_\_

**High School Attended:** \_\_\_\_\_ City/State: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ to \_\_\_\_\_  Diploma  GED

**College(s)/Training School Attended:** \_\_\_\_\_ City/State: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Area of Study \_\_\_\_\_  
 Received :  Certificate  License  Associates  Bachelor's  Master's

**College(s)/Training School Attended:** \_\_\_\_\_ City: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Area of Study \_\_\_\_\_  
 Received :  Certificate  License  Associates  Bachelor's  Master's

**College(s)/Training School Attended:** \_\_\_\_\_ City: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Area of Study \_\_\_\_\_  
 Received :  Certificate  License  Associates  Bachelor's  Master's

**SECTION 7: EMPLOYMENT CHARACTERISTICS**

**Please check one:**  Unemployed  Employed Part time  Employed Full time  
 Employed-Received Notice of Layoff/Military Separation

**Are you currently receiving unemployment insurance benefits?**

Yes  No- Exhausted Benefits  No- Not eligible  No- Waiting for a Determination  
 Eligible, but not receiving

**Dislocated Worker Characteristics:**

How many months have you been laid off/unemployed? \_\_\_\_\_  
 Has your spouse been laid off from a job? \_\_\_\_\_  
 Did you rely on another family member's income and no longer have that income? \_\_\_\_\_  
 Have you completed at least one month of job search? \_\_\_\_\_  
 Are you the spouse of an Active Duty Service Member? \_\_\_\_\_  
 Were you self employed and had to close your business? \_\_\_\_\_  
 Have you received Disaster Relief Assistance? \_\_\_\_\_

**SECTION 8: WORK HISTORY**

*Please list your 10 year work history or your last four employers beginning with your most recent employer.*

**JOB 1** Employer Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address – Location you worked at: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Estimated number of people laid off: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start date (M/D/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours per week: \_\_\_\_\_ Ending wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Employment Status:     Still Employed    Still Employed, Layoff Pending    Laid Off     Quit  
                                  Labor Dispute                     Fired

Did the business close down?  Yes    No

If you were laid off what date were you notified: \_\_\_\_\_

Did you attend a Rapid Response/Pre-layoff workshop?     Yes             No

If Yes, what date you attend? \_\_\_\_\_

Did you receive severance pay?    Yes    No    Amount: \$ \_\_\_\_\_

Did you receive health insurance?    Yes    No     Yes but had to pay part of the cost

Duties: **Be as specific as possible. For example, if you were a machine operator, list the types of machines you worked on – lathe, screw, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOB 2** Employer Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address – Location you worked at: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Estimated number of people laid off: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start date (M/D/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours per week: \_\_\_\_\_ Ending wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Employment Status:  Still Employed  Still Employed, Layoff Pending  Laid Off  Quit  
 Labor Dispute  Fired

Did the business close down?  Yes  No

If you were laid off what date were you notified: \_\_\_\_\_

Did you attend a Rapid Response/Pre-layoff workshop?  Yes  No

If Yes, what date you attend? \_\_\_\_\_

Did you receive severance pay?  Yes  No Amount: \$ \_\_\_\_\_

Did you receive health insurance?  Yes  No  Yes but had to pay part of the cost

Duties: **Be as specific as possible. For example, if you were a machine operator, list the types of machines you worked on – lathe, screw, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOB 3** Employer Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address – Location you worked at: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Estimated number of people laid off: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start date (M/D/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours per week: \_\_\_\_\_ Ending wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Employment Status:  Still Employed  Still Employed, Layoff Pending  Laid Off  Quit  
 Labor Dispute  Fired

Did the business close down?  Yes  No

If you were laid off what date were you notified: \_\_\_\_\_

Did you attend a Rapid Response/Pre-layoff workshop?  Yes  No

If Yes, what date you attend? \_\_\_\_\_

Did you receive severance pay?  Yes  No Amount: \$ \_\_\_\_\_

Did you receive health insurance?  Yes  No  Yes but had to pay part of the cost

Duties: **Be as specific as possible. For example, if you were a machine operator, list the types of machines you worked on – lathe, screw, etc.**

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**JOB 4** Employer Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address – Location you worked at: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Estimated number of people laid off: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start date (M/D/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours per week: \_\_\_\_\_ Ending wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Employment Status:  Still Employed  Still Employed, Layoff Pending  Laid Off  Quit  
 Labor Dispute  Fired

Did the business close down?  Yes  No

If you were laid off what date were you notified: \_\_\_\_\_

Did you attend a Rapid Response/Pre-layoff workshop?  Yes  No

If Yes, what date you attend? \_\_\_\_\_

Did you receive severance pay?  Yes  No Amount: \$ \_\_\_\_\_

Did you receive health insurance?  Yes  No  Yes but had to pay part of the cost

Duties: **Be as specific as possible. For example, if you were a machine operator, list the types of machines you worked on – lathe, screw, etc.**

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### SECTION 9: BARRIERS TO EMPLOYMENT

*In this section check off any barriers that you may have that could make obtaining employment more difficult. These will not eliminate your application from consideration. It allows staff to provide the most appropriate services.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> An English Language Learner | <input type="checkbox"/> Homeless                        | <input type="checkbox"/> Limited Work History               |
| <input type="checkbox"/> Alcohol/Drug Dependency     | <input type="checkbox"/> Single Parent                   | <input type="checkbox"/> Face Substantial Cultural Barriers |
| <input type="checkbox"/> Gaps in Work History        | <input type="checkbox"/> Weak reading and/or math skills | <input type="checkbox"/> Fired from previous position(s)    |
| <input type="checkbox"/> Ex-offender , Felony **     | <input type="checkbox"/> Ex-offender, Misdemeanor **     | <input type="checkbox"/> Sex Offender**                     |

\*\*If you checked off Ex-Offender, Felony / Misdemeanor or Sex Offender you must complete the following:

- 1) Reason for Conviction: \_\_\_\_\_
- 2) Year convicted: \_\_\_\_\_
- 3) What was your sentence? \_\_\_\_\_

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- 4) Date/Year Sentence was completed (This includes any probation time, etc.)

\_\_\_\_\_

- 5) When asked in an interview about convictions, what do you say?

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### SECTION 10: FAMILY INFORMATION

- |   |  |
|---|--|
| <input type="checkbox"/> Single, no dependents                              | <input type="checkbox"/> Married, no dependents        |
| <input type="checkbox"/> Divorced, children reside full time with me        | <input type="checkbox"/> Parent in a two-parent family |
| <input type="checkbox"/> Divorced, children do not reside full time with me | <input type="checkbox"/> Single, with dependents       |
- Number of persons in family: \_\_\_\_\_ Number of dependents under 18: \_\_\_\_\_



Name(s) of Family Members	Relationship	Age	Dependent (Y or N)	Has Income (Y or N)

Type of Residence:  House  Condo  Apartment  Other: \_\_\_\_\_

Do you own or rent?  Own  Rent

If you have children under the age of 18, how are you currently addressing child care:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### SECTION 11: LOCAL WORKFORCE AREA INFORMATION

Chicago Ward you live in –not applicable for suburban residents: \_\_\_\_\_

Chicago Community Area (neighborhood): \_\_\_\_\_

Public Housing?  Yes  No

#### SECTION 12: PUBLIC ASSISTANCE INFORMATION

Check any Public Assistance programs that you are **currently** participating in:

Supplemental Security Income (SSI)  Refugee Help  Section 8 Housing Program

Social Security Disability Insurance (SSDI)  SNAP Program (Food Stamps)

Transitional Assistance for Needy Families (TANF) DHS Case # \_\_\_\_\_

Out of the past 60 months, how many months have you received TANF? \_\_\_\_\_

Other: \_\_\_\_\_

I am not currently participating in any of these programs.

#### SECTION 13: EMPLOYMENT GOALS & INFORMATION

What type of work are you interested in? \_\_\_\_\_

What is your target wage? \$ \_\_\_\_\_ per \_\_\_\_\_

Target type of work:  Full-time  Part-time  Temporary

Target shift(s):       Days       Afternoons       Evenings  
                                  Rotating       Split

I am willing to travel \_\_\_\_\_ miles from Zip Code \_\_\_\_\_

Are you willing to relocate?     Yes       No

What type of transportation do you rely on?     Car       Public (Bus, Train, etc.)

Do you have a valid Driver's License?       Yes     No

Do you have a clean driving record for the past three years? (Required by employers for some jobs)  
 Yes     No

Do you have current auto insurance?       Yes     No     Not Applicable – don't own a car

If No, please list how many tickets, what they were for and dates received:

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**List all related job skills. For example – computer skills, typing, reading blue prints, etc)**

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**List all current licenses and certifications (Driver's License, CDL, Fork lift, LPN, etc.)**

License/Certification	Date received
_____	_____
_____	_____
_____	_____

Primary language spoken: \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

Are you the Primary Wage Earner?       Yes       No

Is your spouse/partner currently working?     Yes       No

Are there any special family circumstances we should know about that would help us assist you better?

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**SECTION 14: ASSISTANCE/COUNSELING SERVICES**

*If you need assistance or counseling in any of the following areas, please check all that apply and we will provide you with available information and refer you, if necessary, to an appropriate service provider.*

- Financial Affairs
- Legal problems
- Credit or Debts
- Health care
- Mortgage, rent & utilities
- Job Interviewing
- Stress and mental health
- Resume assistance
- Family counseling
- Labor market information
- Alcohol or drug abuse
- Child care
- Food stamps, AFDC center or other assistance programs
- Other: \_\_\_\_\_

**SECTION 15: MISCELLANEOUS**

***How did you hear about us?***

- Referral from another agency : \_\_\_\_\_
- Referral from Chicago Department of Family & Support Services
- Referral from Illinois Employment & Training Office \_\_\_\_\_
- Training Provider or School: \_\_\_\_\_
- At a Rapid Response at my former employer
- Job Fair
- Union Referral : \_\_\_\_\_
- Friend or Family Member
- Internet
- Other: \_\_\_\_\_

***Have you applied for similar services at any other agencies?***

Yes  No

If Yes, which agencies? \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW**

*I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I understand that falsifying information or using the funds other than for the intended purpose is felony theft, and is punishable under state law by up to 7 years in prison and fines of up to \$25,000. Violators also face federal felony charges. I am aware that any misstatements of material facts may subject me to disqualification or denial of participation in a Workforce Innovation and Opportunity Act (WIOA) program.*

*I have been advised that this information will be entered into a computerized database system and may be shared with other agencies for the purpose of administering programs of these agencies. I am also aware that by registering and participating in the WIOA and other related CFL WAC programs, that I authorize the CFL Workers Assistance Committee and its partners to share information such as my resume and work history with other agencies and companies for the purposes of employment, training, and follow up including but not limited to job referrals, placement, and training.*

*I have the right to inspect this information and initiate appropriate corrections through the administering agency.*

*I agree to participate in the WIOA post-termination follow-up program, including but not limited to verification of employment.*

*I hereby acknowledge that if the information relating to eligibility determination requires verification/documentation, and by my signature I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from any WIOA program and may be subject to legal prosecution. I understand that WIOA Individual Training Account vouchers are not guaranteed. I certify that I have been informed that failure to actively participate and stay in contact with the agency **at a minimum of every 30 days** may result in negative termination in a WIOA program and denial of future services. I further certify that I have been informed of my rights to file a complaint.*

*I further certify that I am aware of the Equal Opportunity Is Law notice and that I have been informed of my legal rights to file a complaint.*

*I acknowledge that I have received the Customer Bill of Rights.*

*I hereby acknowledge and grant permission to the CFL Workers Assistance Committee or by any person, corporation, partnership or association authorized by the CFL Workers Assistance Committee to use my photo, video, recordings or any other records which may include my image, name, voice, or profile without limitation taken at programs/events for the purpose of promoting or interpreting CFL Workers Assistance Committee's programs.*

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Orientation case manager \_\_\_\_\_