



WIOA TITLE I APPLICATION

America's Job Center of California (AJCC): Hemet Indio Riverside

ANSWER ALL QUESTIONS – PLEASE PRINT LEGIBLY – INFORMATION IS CONFIDENTIAL AND MAY BE USED TO REFER THE APPLICANT TO ADDITIONAL SERVICES AND OPPORTUNITES

Name: _____ **SSN (last 4):** _____ **Gender:** M F

Birthdate: _____ **Residence Address:** _____
(City, State, Zip Code)

Phone: _____ Cell Home **Alternate Contact (Name & Number):** _____

Mailing Address: _____
 (If different than residence) (City, State, Zip Code)

Email Address (Required): _____

Registered for Selective Service (male born after 12/31/59): Yes No Documented Exemption N/A

Right to Work: Citizen of US/US Territory US Permanent Resident Alien/Refugee Lawfully Admitted to US

Race (Ethnicity): African American/Black White American Indian/Alaskan Native
 Asian (specify) _____ Hawaiian/Other Pacific Islander (specify) _____

Hispanic/Latino Heritage: Yes No I choose not to answer

If you served in the U.S. Military, or are the Spouse, or Dependent of a Veteran, see page 3

Employment Status: Never Employed Not Employed Employed Employed, but received Notice of Termination **If Employed, are you under-employed?** Yes No

Are you receiving unemployment insurance benefits? Yes – Claimant/Receiving Yes – Exhausted Benefits Yes, referred by EDD Worker Profiling and Reemployment Services (WPRS) No

Number of Weeks unemployed: _____ **Are you currently looking for work?** Yes No

What type of work? _____

Do you have any related licenses or certifications from a job? Yes No

Within last 12 months have you received a notice of termination or layoff from your job? Yes No

Have you worked as a farm worker/food processor at packing houses/nurseries/orchards, for at least 25 days within the past 12 months? Yes No **If Yes:** Farmworker Migrant Migrant Farmworker

Type of Qualifying Farm Work: Agricultural Production and Services Food Processing Establishments

LIST YOUR LAST 2 JOBS, STARTING WITH THE LAST JOB YOU HELD. THIS INCLUDES CURRENT JOB IF STILL EMPLOYED AND SELF-EMPLOYMENT.

1. Company Name:	Address:	City, State, Zip:
Job Title:	Date Started:	Hourly Wage:
Reason for Leaving:	Date Left:	Hours per Week:
2. Company Name:	Address:	City, State, Zip:
Job Title:	Date Started:	Hourly Wage:
Reason for Leaving:	Date Left:	Hours per Week:

WIOA TITLE I APPLICATION

Educational Status – Check applicable box: Highest Grade Completed: _____

- H.S. Dropout
 H.S. Diploma
 H.S. Equivalency/GED
 1 Year of College/Technical/Vocational
 2 Years College/Technical/Vocational
 3 Years of College/Technical/Vocational
 4 Year Degree

Are you attending school?
 Yes, attending Adult Ed.
 Yes, attending Alternative Ed.
 Yes, attending college/technical/vocational
 No

Individual Barriers – Please check ALL that apply:
 Homeless
 English Language Learner
 H.S. Dropout
 Basic Skills Deficient
 Gang Involved
 Single Parent
 Substantial Cultural Barriers

If you have a Disability, Substance Abuse, or are an Offender (justice involved), see page 4

Have you or your family received Public Assistance in last 6 months?
 Yes
 No
If Yes:
 Temporary Assistance for Needy Families (TANF)
 CalFresh/Supplemental Nutrition Assistance Program (SNAP)
 General Assistance
 Refugee Cash Assistance
 Other Types of Assistance, see page 4

Family Size: Total number of family members living with you in the home (include yourself) _____

Family Income: List each member (including dependents) and earnings/source of income for the last 6 months. *Do not include public assistance payments, disability benefits, veteran benefits or veteran's active duty income, and capital gains.*

Name	Relation	Age	Total Income Last 6 months	Source of Income
	Applicant			

Notice of Certification: I CERTIFY the information stated in this application is correct to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. If I am found ineligible after enrollment because I intentionally supplied inaccurate or misleading information, I am subject to immediate termination from the program and may result in action to recover any monies paid on my behalf while participating. I have also been advised that this information will be kept in a secure managed information system and may be shared with the necessary America's Job Center of California (AJCC) partners for the provision of comprehensive workforce development services.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

This WIOA Title I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Please call 951.955.3100, 951.955.3744 TTY, CA Relay 711, or adacoordinator@rivco.org 5 to 7 days in advance.

WIOA TITLE I APPLICATION

MILITARY SERVICE: Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

- **Are you currently in the military, a veteran or the spouse of a veteran?** Yes No
- **Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated?** Yes No
- **Are you a current member of the California National Guard?** Yes No
- **Transitioning Service Member?** Yes No
- **If Yes, Type of Transitioning Service Member:** Within 12 months of discharge Within 24 months of retirement
- **Estimated Discharge Date:** _____
- **Eligible Veteran Status:** Yes <=180 days Yes, Eligible Veteran Yes, Other Eligible Person
 No
- **Served more than 1 tour of duty?** Yes No
Service Entry Date: _____
Service Discharge Date: _____
- **Campaign Veteran?** Yes No
- **Recently separated veteran (within the last 48 months)?** Yes No
- **Attended a Transition Assistance Program (TAP) workshop within the last 3 years?**
 Yes No

WIOA TITLE I APPLICATION

ADDITIONAL INDIVIDUAL BARRIERS

Check the appropriate box:

- Learning Disability
- Physical Impairment
- Mental Impairment
- Both Physical & Mental Impairment
- Substance Abuse

- Special Disabled Veteran (greater than 30%)

- Offender (criminal convictions)

- I choose not to answer

DISABILITY INCOME

Have you or your family received Supplemental Security Income (SSI) in last 6 months?

- Yes No

Have you or your family received Social Security Disability Insurance (SSDI) payments in last 6 months?

- Yes No

Have you or your family received California State Disability Insurance (SDI) payments in last 6 months?

- Yes No

This information is voluntary and confidential. It will only be used in connection with record keeping and nondiscrimination requirements under Equal Employment Opportunity Law.

FOR STAFF ONLY: The information on this page (including any documentation used as verification) is considered personal & confidential and must be uploaded to the *Confidential File* in SharePoint.



APPLICANT STATEMENT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I, _____

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.

I attest the information stated above is true and accurate and understand the above information, if misrepresented or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant's Signature and Date

Corroborating Witness' Signature and Date

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Witness' Relationship to Applicant

OFFICE USE ONLY

The above applicant statement is being utilized for documentation of the following eligibility criteria:

Certifying Officer's Signature

Date



Customer Individual Training Account Voucher Terms and Conditions

In accepting a training voucher I agree to the following terms and conditions:

1. The amount of an ITA voucher is awarded based on individual factors including tuition, fees, coordination of other funding sources, and needs identified in my IEP. It is good for one transaction and should not be considered a guarantee of any future issuance of ITA vouchers.
2. The ITA voucher amount is limited to the amount for the training program stated on the voucher.
3. I understand that I must meet all attendance and academic requirements of the school.
4. I understand the school must comply with Equal Employment Opportunity and Nondiscrimination provisions of the Workforce Innovation and Opportunity Act to include a process for filing complaints.
5. I understand that I am NOT required to access student loans or incur personal debt for education costs not covered by this ITA voucher. However, if I choose to do so, I understand and accept the responsibilities associated with such indebtedness, including any government student loan repayment requirements.
6. I agree to contact my Career Coach at least monthly to discuss my training progress until I have completed training and obtained employment.
7. I am willing to make every effort to follow through on achieving my training goals and objectives within the time frame specified.
8. I will immediately inform my Career Coach of any change to my name, address, telephone number, email address etc.
9. I will notify my Career Coach immediately of any changes in my class schedule, if I drop, or am in danger of dropping or failing the class. I will discuss any concerns/issues with my Career Coach so the necessary changes can be made.
10. After training, I will actively participate in obtaining employment by attending workshops and any services available through Workforce Development Center that will assist me in achieving my employment goals.
11. I understand Workforce Innovation and Opportunity Act (WIOA) is an outcome-based program, and I agree to provide all new employment information to WDC staff including: name of business, address, phone number, supervisor's name, job title, starting salary, type of benefits offered and provide follow-up information as necessary for at least one year.

Participant's
Signature: _____

Date: _____

Alternate Contact: _____

Alternate Contact's
Phone Number: _____



NEPOTISM FORM

Individual User ID	Applicant Last Name	First	Middle

NEPOTISM

1. Is a member of your immediate family an elected city or county official? Immediate family members are individuals such as a spouse, domestic partner, parents, grandparents, children, grandchildren, siblings, uncle, aunt, nephew, niece, first cousin, step-parent, step-child and any relative by marriage, (an "in-law").

Yes No If yes, what is his/her name, elected title and relationship to you?

2. Is a member of your immediate family an employee of a City, County or WIOA funded organization? Immediate family members are individuals such as a spouse, domestic partner, parents, grandparents, children, grandchildren, siblings, uncle, aunt, nephew, niece, first cousin, step-parent, step-child and any relative by marriage, (an "in-law").

Yes No If yes, what is his/her name, organization, position and relationship to you?

Signature

Date

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EXPLANATION OF SUPPORT SERVICES

Supportive services are not an entitlement and are subject to the availability of funds in the Local Workforce Development Area. Supportive Services will be considered for enrolled customers based on need, availability of funds and lack of alternative resources to meet the need. The guiding principle for the provision of any supportive services shall be an individual need.

Through counseling and assessment, the determination of need and the level of assistance to be provided will be made on an individual basis. In instances where a service is available through other resources in the community or by family members, those resources will be used whenever possible in lieu of sponsored supportive services.

Please remember your income and support is unique and confidential. Based on this, and that other customers may be funded through different programs, not all customers will receive the same or, in some cases, any support services at all.

Note: Original invoices and receipts are required to process supportive services requests.

I have read and understand the above in regards to the determination of services.

Signature

Date



WDC Customer Receipt of Information Acknowledgement

I acknowledge I received copies of the following: *Equal Opportunity and Nondiscrimination Notification (SPDU 448-01)*, *WDC Behavior Guidelines (CSU 448-50)*, *What to do if You Believe You Have Experienced Discrimination (SPDU 448-02)*, and *Formal Grievance Notification (SPDU 448-05 Part A)*.

Full Name

XXX-XX-
Last 4 of SSN

Signature

Date

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Acuso de Recibo de Información de Parte de Clientes de los Centros “WDC”

Con la presente declaro que he recibido copias de los siguientes documentos: *Reglas De Conducta del Centro De Desarrollo De La Fuerza Laboral (CSU 448-50S)*, *Notificación De Igualdad De Oportunidad Y No Discriminación (448-01S)*, *Qué Hacer En Caso De Que Crea Que Ha Sido Discriminado (SPDU 448-02S)*, y *Notificación Formal De Agravio (SPDU 448-05S Parte A)*.

Nombre Completo

XXX-XX-
4 ultimo números de su
Seguro Social

Firma

Fecha

Este programa o actividad financiada por el Título 1 de la Acta de Ley conocida en inglés como WIOA, se rige por el principio de Igualdad de Oportunidades para empleadores/programas. Ayudas Auxiliares y servicios disponibles cuando los soliciten individuos con discapacidades. Por favor llame con 5 o 7 días de anticipación al 951.955.3100, 951.955.3744 TTY, CA Relay 711, o adacoordinator@rivco.org.



Membership Application Certification

I CERTIFY that the information I stated and provided to the Workforce Development Center Career Coach during the Workforce Innovation and Opportunity Act (WIOA) membership interview is true and correct to the best of my knowledge. I am aware that this information will be utilized to determine my eligibility for WIOA funded services and data entered into the www.caljobs.ca.gov, our federally funded labor exchange management system.

Full Name

Signature

Date

Declaración de Veracidad en Solicitud de Membresía

Con la presente CERTIFICO que la información proporcionada al Consejero/a de Empleo del Centro de Desarrollo de La Fuerza Laboral es verdadera y correcta de acuerdo a mi conocimiento. Esta información fue proporcionada durante mi entrevista para obtener membresía en el programa patrocinado por la Ley de Oportunidades y de Innovación de la Fuerza Laboral, en inglés "Workforce Innovation and Opportunity Act (WIOA)". Estoy consciente de que esta información será utilizada para determinar mi elegibilidad para servicios financiados por el programa "WIOA" y los datos serán registrados en el sitio www.caljobs.ca.gov, nuestro sistema de administración del Centro Laboral, financiado por el gobierno federal.

Nombre Completo

Firma

Fecha



Release of Information Authorization

I the undersigned, authorize the release of any and all information necessary to facilitate my participation in the Workforce Innovation and Opportunity Act (WIOA). This consent to release information includes education, public assistance, employment records and any other pertinent information needed to assist in the provision of services. I understand that employment includes but is not limited to; name of business, address, phone number, supervisor's name, job title, salary, description of job duties, and type of benefits. I understand this information will be collected and used for statistical purposes and will be used exclusively in the administration, delivery of services or program evaluation. This information may be shared with the necessary Workforce Development Center partners for the provision of comprehensive workforce development services.

The terms and conditions of the agreement shall remain in effect for the duration of this program or until revoked in writing.

Full Name

Signature

Date