



# Riverside County Workforce Development Centers

## PARTICIPANT AGREEMENT

Individual User ID	Applicant Full Name	Date:

### Commitment

Riverside County Workforce Development Centers administer workforce development programs for Riverside County. A mutual commitment is required as we work together toward your employment and training goals. Your success will assist us in providing services to future participants.

**Please initial below as acceptance of these conditions:**

\_\_\_\_ I am committed to pursuing and training employment upon completion of the services outlines in my individual employment plan and I agree to work with my Career Coach until I have secured employment.

\_\_\_\_ I agree to communicate with my case manager regarding my employment status for 12 months after I have secured unsubsidized employment.

\_\_\_\_ I agree to notify my case manager should my contact information of health/employment status change in order to keep my records current.

### Release of Information Authorization

**Please initial below as acceptance of these conditions:**

\_\_\_\_ 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.

### Nepotism

Is a member of your immediate family an elected city or county official or 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, elected title, and relationship to you?

### Media Release

**Please initial below. Signing a Media Release is voluntary, and services are not dependent upon consent.**

\_\_\_\_ I hereby give the Riverside County Workforce Development Division and/or Workforce Development Centers permission to use my name, statement, photograph, audio/video recording and likeness for promotional, advertising and media purposes, including the internet and social media sites. My picture and/or audio/video recording may be used alone, as a member of a group, in a composite or in such other manner as will most favorably serve to promote and advertise the Riverside County Workforce Development Division and/or Workforce Development Centers. My picture and/or audio/video recording may be used with or without my name supporting the Riverside County Workforce Development Division and/or Workforce Development Centers. I agree there will be no compensation to me for the use of my image now or in the future.

\_\_\_\_ I do not give consent to Riverside County Workforce Development Division.

**I have read and agree to Riverside County Workforce Development Division's Participant Agreement.**



## **BEHAVIORAL GUIDELINES**

The Riverside County Board of Supervisors places extreme importance on Workforce Development Centers (WDC) customers, visitors, and staff to ensure everyone receives the highest quality service in a safe, comfortable, and professional job search environment. As a result, the Board has adopted a Zero Tolerance Standard, which includes threats and violent behaviors that are direct, indirect, implied or actual, from any person, and directed toward any person, occurring at any county location, or in connection with the conduct of county business. Conduct and attitude in the WDC is to be respectful and business-like at all times. Failure to adhere to these guidelines or repeat violations may result in immediate expulsion from the WDC and termination from any program or service provided by, or at, the WDC.

### **Rules of the WDC:**

1. Use of the WDC is for job search, UI computers, and UI phones ONLY.
2. All customers using the WDC's services must have proper hygiene and be appropriately dressed (neatly) for a work environment.
3. No drinking or eating is allowed in the WDC in order to maintain clean work areas.
4. No cell phone calls are allowed in the WDC. Please be courteous of others and step outside if you must use the phone.
5. Please do not bring children 11 and under into the resource area. To prevent disruption, and for safety and liability reasons we ask that you make other arrangements for childcare if you plan to visit the WDC. Children cannot be left unattended in the lobby. If you are coming to the WDC for UI phones or UI computers, and **MUST** bring your children, please inform WDC staff so that they may assist you accordingly. This policy does not apply to: a) youth, 14 years and older, coming to the WDC to access resources; or b) youth accompanying their parents to assist with translation.

### **Behaviors that will result in immediate expulsion and termination of services:**

- Possession of or the threat of use of any type of firearm, knife or other weapon in the WDC or in the surrounding parking area.
- Possession of or under the influence of alcohol, controlled or illegal substances while in the WDC or the surrounding parking area.
- Physically harassing or injuring any person while in the WDC or in the surrounding parking area. Physical harassment includes assault, impeding or blocking movement, offensive touching (e.g. pinching, patting, grabbing), leering, or a physical interference with normal work or movement.
- Verbally harassing or threatening with physical or emotional harm any person in the WDC locations, surrounding parking area, over the phone, via e-mail or fax. Such harassment includes lewd proposition, epithets, stereotypical or derogatory comments or slurs on the basis of race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy or sexual orientation. It also includes inappropriate sexually oriented comments regarding appearance, dress or physical features, or any race/ethnicity oriented stories or jokes.
- Misuse or abuse of resources

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The 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](mailto:adacoordinator@rivco.org). 5 to 7 days in advance.



# Equal Opportunity and Non-Discrimination Notification

Programs funded by the Workforce Innovation and Opportunity Act (WIOA), and related federal employment and training activities shall be open for application to all qualified people. Your CIVIL RIGHTS UNDER FEDERAL LAW assures fair treatment in assessment and selection.

Riverside County Workforce Development Division (WDD) is prohibited from discriminating on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity); national origin (including limited English proficiency); age; disability; or political affiliation or belief; or against any beneficiary of, applicant to, or participant in, programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. Retaliation is a prohibited reason for exclusion of applicants.

If you believe you have experienced a statute-prohibited discrimination in this program for any of these reasons, you may file a complaint within 180 days from the date of the alleged violation through the Equal Opportunity Officer. Such complaints may also be directly filed with:

**Director, Civil Rights Center (CRC) U.S. Department of Labor**  
**200 Constitution Avenue, N.W., Room N-4123**  
**Washington, D.C. 20210**

If a complaint filed with this agency based on a prohibited discrimination, has not resulted in a Notice of Final Action within 90 days of filing, a complaint may be filed with the CRC at the above listed address.

If you need additional information about federal and state non-discrimination laws, the Americans with Disabilities Act, or related matters, you are welcome to contact:

**Adriana Escobedo**  
**Equal Opportunity Officer**  
*(Contact Info below)*

## Formal Grievance Notification

Pursuant to Section 181 (c) of the Workforce Innovation and Opportunity Act (WIOA), local workforce investment areas shall establish and maintain a policy and procedure to record and resolve grievances and complaints that are raised in providing this program. If you believe there has been a violation of these laws, you may file a Grievance/Complaint directly with the WDD Equal Opportunity Officer within one year of the alleged occurrence.

WDD provides the following assistance for filing grievance/complaints:

1. Assistance from your employer, training provider, or WDD Equal Opportunity Officer in preparing, your complaint in writing, upon request;
2. An informal discussion with the training provider, employer, or WDD in order to discuss your complaint, and to identify and clarify issues of disagreement in an attempt to reach a mutually satisfactory resolution within 10 days of filing;
3. Notification in writing if the grievance or complaint is not resolved during the informal resolution process within 10 days prior to the date of the hearing.
4. Hearings on any grievance or complaint shall be conducted by an impartial hearing officer within 30 days of the filing of the grievance or complaint.
5. A final decision on your complaint from the Hearing Officer within 60 days of filing

In the event a person intends to file a grievance or complaint, the attached form must be completed and submitted to the WDD. Be sure to fill in all the required information to ensure completeness. If more space is needed to explain or describe the problem, please attach additional pages as necessary.

You have the right to request technical assistance. Should assistance be required or if additional information regarding the grievance/complaint procedure is needed please contact:

**Adriana Escobedo**  
**Equal Opportunity Officer**  
**1325 Spruce Street, Suite 110**  
**Riverside, CA 92507**  
**Telephone: 951.955.0464**  
**FAX: 951.955.3310**  
**TDD/TTY: 951.955.3744**  
**Email: [AEscobedo@rivco.org](mailto:AEscobedo@rivco.org)**



# WDC Customer Receipt of Information Acknowledgement

I acknowledge I have read and reviewed Riverside County Workforce Development Center's Participant Agreement Packet which includes:

- Participant Agreement
  - Commitment
  - Release of Information Authorization
  - Nepotism
  - Media Release
- Behavioral Guidelines
- 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)
- 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](mailto:adacoordinator@rivco.org).



# WIOA ELIGIBILITY WORKSHEET

*America's Job Center of California (AJCC)*

Blythe  Indio  Hemet  Moreno Valley  Riverside

**ANSWER ALL QUESTIONS – PLEASE PRINT LEGIBLY**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Female  Male

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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

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

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

Alternate Contact (Name & Number): \_\_\_\_\_

**General Information**

Are you a:  Citizen of the U.S. or U.S. Territory  
 U.S. Permanent Resident (*Alien/USCIS #:* \_\_\_\_\_)  
 Alien/Refugee Lawfully Admitted to the U.S. (*Alien/USCIS #:* \_\_\_\_\_)  
 None of the Above

Are you registered with Selective Service? (male born after 12/31/59)  Yes  No  N/A

Hispanic/Latino Heritage:  Yes  No  I do not wish to answer

Race (Ethnicity) check all that apply:  
 African American/Black  American Indian/Alaskan Native  Asian  
 Hawaiian/Other Pacific Islander  White  I do not wish to answer

**Military Services**

Are you currently in the military, a veteran, or the spouse of a veteran?  Yes  No (If No, skip to Employment section)

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

Are you a Transitioning Service Member?  Yes  No  
If Yes, are you:  Within 12 months of discharge  Within 24 months of retirement  
Estimated discharge date: \_\_\_\_\_

Eligible Veteran Status?  Yes, Less than 180 days  Yes, Eligible Veteran  
 Yes, Other Eligible Person  No

Served more than one (1) tour of duty?  Yes  No  
Service Entry Date(s): \_\_\_\_\_  
Service Date: \_\_\_\_\_

Campaign Veteran:  Yes  No  
Are you a Disabled Veteran:  Yes, Disabled  Yes, Special Disabled (greater than 30%)  No  
Are you a Homeless 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

**For Staff Use Only**  
State ID# \_\_\_\_\_

### Employment Information

Are you:  Employed       Under-employed       Never Employed  
 Not Employed       Employed, but I have received a notice of termination or military separation

Are you self-employed and recently closed your business due to general economic conditions?  Yes     No

Are you participating in a Registered Apprenticeship program?  Yes     No

Are you receiving Unemployment Insurance (UI) 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 the last 12 months have you received a notice of termination or layoff from your job?  Yes     No

Have you worked as a farmworker/food processor at packing houses/nurseries/orchards, for at least 25 days with the last 12 months?  Yes     No

If Yes:  Farmworker     Migrant     Migrant Farmworker

Type of Qualifying Farm Work:  Agricultural Production & 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:

### Education

What is the highest grade you have completed? \_\_\_\_\_

**Check applicable box:**

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

Do you have a degree or certificate?  Yes     No

If Yes, describe degree/certificate \_\_\_\_\_

Are you currently attending school or training?  Yes     No

If Yes, where? \_\_\_\_\_

<b>Public Assistance Programs- Please Check All That Apply</b>	<b>Yes</b>	<b>No</b>
Have you or your family received Public Assistance in the last 6 months If yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving Temporary Assistance for Needy Families (TANF)? If yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving CalFresh/Supplemental Nutrition Assistance Program (SNAP)? If Yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving Supplemental Security Income (SSI)? If yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving General Assistance? If Yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving Refugee Cash Assistance? If Yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Have you or your family received Social Security Income in the last 6 months?		
Are you receiving or have received in the last 6 months SSDI (Social Security Disability Insurance)?		
Are you receiving or have received in the last 6 months California State Disability Insurance (SDI) payments?		
Are you currently a Ticket-to-Work holder issued by the Social Security Administration?		
Have you received services from the Veteran's Vocational Rehabilitation and Employment program, often referred to as the Chapter 31 program?		

<b>Household Size and Income Information</b>
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**Family size:** Total number of family members living in your residence (anyone, including yourself, living at home and related by blood, marriage, or decree of court)? \_\_\_\_\_

Number of dependent children in family under 22: \_\_\_\_\_

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

Name	Relation	Age	Total Income Last 6 months	Source of Income
	<b>Applicant</b>			

**Additional WIOA Eligibility Information**

Is English your native language?  Yes  No What is your preferred language? \_\_\_\_\_

**Please check ALL that apply:**

- Homeless                       Limited English Learner                       H.S. Dropout                       Substantial Cultural Barriers
- Basic Skills Deficient                       Gang Involved                       Single Parent                       Single Pregnant Women
- Learning Disability                       Substance Abuse                       Mental Impairment                       Physical Impairment
- Both Physical & Mental Impairment                       Justice Involved (Ex offender- felony or misdemeanor convictions)
- Other                       Not applicable

Are you currently in the foster care system?  Yes  No

Have you aged out of the foster care system?  Yes  No

If you checked any disability impairment, please identify your disability \_\_\_\_\_

Briefly describe your employment-related limitations:

\_\_\_\_\_

\_\_\_\_\_

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## 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: \_\_\_\_\_





## 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.

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**Signature**

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**Date**