



**McHenry County Workforce Network
Program Application**
500 Russel Court
Woodstock, IL 60098
815-338-7100

Name: _____ **Date:** _____
(please print clearly)

Please check the type of McHenry County Workforce Network Services you would be interested in:

Training _____ Career Workshop _____ Job Search Assistance _____ Resume Workshop _____

Please check below which best describes your current situation

Need child care _____ Financial Problems _____ Want/need GED _____

Difficulty speaking/writing/reading English _____ Special Education student _____

Need immediate work _____

Want/need specialized certification (please explain) _____

Want/need training for specific occupation (please explain) _____

Employment Goal

What type of career field/job would you like to pursue at this time: _____

McHenry County is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Background/Applicant Information
(please print clearly)

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

County _____

Telephone: Home _____ Cell _____

Email Address _____

Birthdate: _____ (Month/Day/Year) **SSN#:** _____

Current Age _____

Gender: Male ___ Female ___

Ethnicity: (Check all that apply)

White ___ Black ___ American Indian/Alaskan Native ___ Asian ___

Native Hawaiian/Pacific Islander ___ Declined ___

REQUIRED: Hispanic: Yes ___ No ___

Authorized to Work in the U.S.?

U.S. Citizen _____ Registered Alien/Refugee _____

Not Authorized/Not Determined _____

Disability Status

No Disability _____ Disability Affecting Employment _____

Disability (please describe) _____

Veteran Status

Veteran ___ **Not a Veteran** ___ **Illinois Veteran?** Yes ___ No ___ **Eligible Spouse?** Yes ___ No ___

(see criteria in Applicant Packet)

Selective Service Compliant: Yes ___ No ___ Not Applicable ___

For Veterans Only

Service Dates: From _____ (month/day/year) to _____ (month/day/year)

Branch of Service: _____

Nature of Discharge:

Honorable ___ Dishonorable ___ Less than Honorable ___

Discharged due to service-connected disability _____

Self-Assessment

Please check your level of concern regarding the following areas.
 If you are experiencing “some” or “great” concern, please note why in the space provided.

Areas of Concern	Level of Concern				Why is this a concern?
	None	Little	Some	Great	
Keeping a positive attitude					
Learning job search skills that work					
Supporting myself during job search					
Making realistic career decisions					
Identifying existing/transferrable skills					
Presenting myself well in interviews					
Completing high school diploma/GED					
Finding adequate child care					
Identifying employment opportunities					
Dealing with alcohol/drug problems					
Lacking education/training credentials					
Getting job-related training					
Overcoming physical handicaps					
Overcoming depression/discouragement					
Experiencing marital difficulties					
Getting along with others					
Dealing with parole/probation issues					
Experiencing legal problems					
Being dependable					
Explaining gaps in work history					
Experiencing transportation problems					
Staying motivated					
Finding adequate, affordable housing					

Content derived from “Barriers to Employment Success Inventory” published by JIST Publishing, Inc.

Contact Information

Please show contact information for two **friends** or **relatives** (in-state or out-of-state) – **who do not live with you** - who know how to get in touch with you at all times. We use this information in the event we are unable to contact you directly.

Contact 1

Last name _____ First name _____ MI ____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____

Contact 2

Last name _____ First name _____ MI ____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____

Education Status

Attained High School Diploma: Yes _____ No _____ GED completed: Yes _____ No _____

Highest Grade Completed:

HS Fresh ____ HS Soph ____ HS Junior ____ HS Senior ____

College Fresh ____ College Soph ____ College Junior ____ College Senior ____

Masters ____ Doctorate ____

If you have earned a degree, what is it: _____

If you are **currently** attending school, what school are you attending and what program are you enrolled in?

Job History

(Complete for up to the past 10 years; last job first. Fill in ALL blanks.)

Employer Name _____
Employer Address _____
City _____ State _____ Zip _____
Type of Industry _____ Job Title _____
Still Employed _____ Still Employed, Layoff Pending _____ Not Employed _____
Expected Layoff Date _____
Dates Worked: From _____ to _____ Hours per Week _____
Ending Wage: _____ per _____ Hourly Wage _____ Amount of Severance _____
Reason for Leaving: Laid-off ___ Quit ___ Discharged ___ Still Working PT ___ Labor Dispute ___ Other ___
Duties, skills, responsibilities, equipment used: _____

Employer Name _____
Employer Address _____
City _____ State _____ Zip _____
Type of Industry _____ Job Title _____
Still Employed _____ Still Employed, Layoff Pending _____ Not Employed _____
Expected Layoff Date _____
Dates Worked: From _____ to _____ Hours per Week _____
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Ending Wage: _____ per _____ Hourly Wage _____ Amount of Severance _____
Reason for Leaving: Laid-off ___ Quit ___ Discharged ___ Still Working PT ___ Labor Dispute ___ Other ___
Duties, skills, responsibilities, equipment used: _____

Labor Force Status & Job Search

Labor Force Status

Unemployed ____ Employed Part-time ____ Employed Full-time ____

Not in Labor Force (Displaced Homemaker) ____

Unemployment Compensation Status

Eligible, not receiving benefits ____ Weeks unemployed since any employment ____

Receiving benefits ____

Not eligible/Not determined ____

Exhausted benefits ____

Job Search

Types of Acceptable Work:

Full time ____ Part time ____ Temporary ____ Any ____

Types of Acceptable Work Hours:

Days ____ Evenings ____ Nights ____ Rotating shifts ____ Split shifts ____ Any shift ____

Willing to relocate? ____ Where? _____

Welfare & Other Assistance

TANF (SSA Title IV) Yes ____ No ____ Months received TANF during prior 60 months _____

SSI (SSA Title XVI) Yes ____ No ____

Food Stamp Recipient Yes ____ No ____ Homeless Individual Yes ____ No ____

(Please indicate if you are receiving food stamps now or within the past 6 months.)

Victim of domestic violence? Yes ____ No ____

Family Situation

Family Type:

Parent in a one-parent family ____ Parent in a two-parent family ____

Single, living with relatives/friends ____ Single, living alone ____

Number of persons in family _____

Number of dependents under 18 _____

Name(s) of Family Member(s) (list yourself first)	Relationship	Age	Has Income?	Dependent?
	SELF			

Read the following; Sign and Date Below

Notice of Certification: I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized information system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the Workforce Investment Act (WIA) post-termination follow-up. I hereby acknowledge that if the information relating to eligibility determination and/or post-termination follow-up (employment information) requires verification/documentation, by my signature I authorize others to release the information required. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from any Workforce Investment Act program and may be subject to legal prosecution.

****PLEASE NOTE: I understand that once I am accepted into the Workforce Investment Act (WIA) program, I must maintain monthly contact with my workforce specialist, until I am “exited” from the WIA program by McHenry County Workforce Network.**

Customer Signature _____

Date _____