



# McHenry County Workforce Network Program Application

500 Russel Court  
Woodstock, IL 60098  
815-338-7100

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

(please print clearly)

### Please check below which best describes your current situation:

Child care issues \_\_\_\_\_ Transportation issues \_\_\_\_\_ Financial Problems \_\_\_\_\_ Want/need GED \_\_\_\_\_

Difficulty speaking/writing/reading English \_\_\_\_\_ Special Education student \_\_\_\_\_

Bilingual – What languages? \_\_\_\_\_ Need immediate work \_\_\_\_\_

Want/need specialized certification in: \_\_\_\_\_

Want/need training for specific occupation: \_\_\_\_\_

### Employment Goal

Are you looking for full-time or part-time work? Full time \_\_\_\_\_ Part-time \_\_\_\_\_

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

### Authorized to Work in the U.S.?

U.S. Citizen \_\_\_\_\_ Registered Alien/Refugee \_\_\_\_\_

### Labor Force Status

Unemployed \_\_\_\_\_ Employed Part-time \_\_\_\_\_ Employed Full-time \_\_\_\_\_

### Unemployment Compensation Status

Receiving benefits: Yes \_\_\_\_\_ No \_\_\_\_\_ Weeks unemployed since any employment \_\_\_\_\_

Exhausted benefits? \_\_\_\_\_

### 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 \_\_\_\_\_

**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) **Social Security #:** \_\_\_\_\_

**Gender:** Male \_\_\_ Female \_\_\_

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**Areas of Concern**

**Please check all that apply:**

Supporting myself during job search \_\_\_\_\_ Making realistic career decisions \_\_\_\_\_

Dealing with drug/alcohol issues \_\_\_\_\_ Getting job-related training \_\_\_ Overcoming physical handicaps \_\_\_\_\_

Dealing with parole/probation issues \_\_\_\_\_ Experiencing legal problems \_\_\_\_\_

Overcoming depression/discouragement \_\_\_\_\_

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**Veteran Status**

Selective Service Compliant (males)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Veteran?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Illinois Veteran?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Branch of Service** \_\_\_\_\_

**Service Dates:** From \_\_\_\_\_ (month/day/year) to \_\_\_\_\_ (month/day/year)

**Nature of Discharge:** Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ Less than Honorable \_\_\_\_\_

Discharged due to service-connected disability \_\_\_\_\_

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**Ethnicity: (Check all that apply)**

White \_\_\_ Black \_\_\_ American Indian/Alaskan Native \_\_\_ Asian \_\_\_

Native Hawaiian/Pacific Islander \_\_\_ Declined \_\_\_ **REQUIRED:** Hispanic: Yes \_\_\_ No \_\_\_

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**Disability Status**

Disability Affecting Employment / Please describe: \_\_\_\_\_

## 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 \_\_\_\_\_  
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 \_\_\_\_\_  
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Reason for Leaving: Laid-off \_\_\_ Quit \_\_\_ Discharged \_\_\_ Still Working PT \_\_\_ Labor Dispute \_\_\_ Other \_\_\_  
Duties, skills, responsibilities, equipment used: \_\_\_\_\_  
\_\_\_\_\_

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**Other Assistance**

Food Stamp Recipient Yes \_\_\_\_ No \_\_\_\_ Homeless Individual Yes \_\_\_\_ No \_\_\_\_  
(Please indicate if you are receiving food stamps now or within the past 6 months.)

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**Family Type**

Parent in a one-parent family \_\_\_\_ Parent in a two-parent family \_\_\_\_

Single, living with relatives/friends \_\_\_\_ Single, living alone \_\_\_\_

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

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**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-training follow-up. I hereby acknowledge that if the information relating to eligibility determination and/or post-training follow-up (employment information) requires verification/documentation, by my signature I authorize others to release the information required.

**Customer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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