

Ready4Work

A Summer Work Program
For Individuals Ages 14 to 24



TRAINING • CONNECTING • DEVELOPING ILLINOIS' WORKFORCE

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Social Security Number: _____ - _____ - _____ Birth Date: ____/____/____ Gender: M F

Telephone Number: (____)-____-____ Email: _____

Ethnicity: (Check all that apply)

- | | | |
|--------------------------------|---------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Native American Indian/Alaskan | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic |

Disability Status:

- | | | |
|----------------------------------------|----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> No Disability | <input type="checkbox"/> Disability Affecting Employment | <input type="checkbox"/> Special Disabled Veteran |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Learning Disability |

Veteran Status: (Check all that apply)

- | | | |
|----------------------------------------|-------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Not a Veteran | <input type="checkbox"/> Honorable Discharge | <input type="checkbox"/> Less than Honorable Discharge |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Dishonorable Discharge | <input type="checkbox"/> Service Dates ____/____to____/____ |

Marital Status:

- | | | |
|--------------------------------------------------------------|------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Single _____ | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married spouse name _____ age _____ | <input type="checkbox"/> Divorced | <input type="checkbox"/> Non-Spousal Partner |

Children:

1) _____ 2) _____ 3) _____ 4) _____
Name/Age Name/Age Name/Age Name/Age

Family Size:

List the number of people who live in your household (include yourself): _____

U.S. Work Authorization

- | | | |
|---------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Registered Alien/Refugee | <input type="checkbox"/> Not Authorized/Not Determined |
|---------------------------------------|---------------------------------------------------|--------------------------------------------------------|

Highest Level of Education:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 GED

School Name: _____ Dates Attended: ____/____to____/____

Major: _____

Degree or Certificate Attained: _____

→ Are you currently receiving assistance from any of the following programs? (CHECK ALL THAT APPLY)

- | | | | | |
|-------------------------------------------------|------------------------------|---------------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> TANF (CASH ASSISTANCE) | <input type="checkbox"/> SSI | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Other _____ |
|-------------------------------------------------|------------------------------|---------------------------------------------|--------------------------------------|--------------------------------------|

→ Are you currently receiving unemployment benefits? Yes No Undetermined Exhausted benefits

Name: _____ Social Security Number: _____

Employment: Please list your last 2 employers beginning with your most recent employer.

1) Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ **Laid Off** **Terminated** **Quit**

Salary: _____ / hr / yr / Hours worked/week _____ Start Date ____/____/____ End Date ____/____/____

Industry: In what industry did you last work: (ie manufacturing, retail, communications) _____

Occupation: What were the Job Title and duties at your last job? _____

2) Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ **Laid Off** **Terminated** **Quit**

Salary: _____ / hr / yr / Hours worked/week _____ Start Date ____/____/____ End Date ____/____/____

Industry: In what industry did you last work: (i.e. manufacturing, retail, communications) _____

Occupation: What were the Job Title and duties at your last job? _____

Collateral Contacts: Please provide the name, address and phone number of two people, not living with you, that we can contact if we are unable to reach you.

1) Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Work Phone: () _____ - _____

Relationship: _____

2) Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Work Phone: () _____ - _____

Relationship: _____

Name: _____ Social Security Number: _____

Additional Questions:

Have you ever been employed in the community?	YES	NO
Have you been fired from any job within the past 12 months?	YES	NO
Have you received special education services in high school?	YES	NO
Are you a high school dropout?	YES	NO
Have you ever been convicted of a felony or misdemeanor?	YES	NO
Are you currently homeless?	YES	NO
Are you pregnant or parenting?	YES	NO
Are you a foster child or ward of the state?	YES	NO

Employment Expectations:

Name any careers you are interested in as of now (if any):

Work Availability: (please check all that apply)

Full-Time Part-Time Temporary
 Days Nights Split Shift Any Shift

Rate of pay: _____ per: Hour/Year

Willing to relocate: Yes No If yes, where: _____

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 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 hereby acknowledge that the information relating to eligibility determination requires verification/documentation. 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. I further certify that I am aware of the Equal Opportunity Is Law notice and that I have been informed of my right to file a complaint.

As a parent/guardian of the applicant, I have read and understand the preceding paragraph. Further, I consent to his/her participating in any of the training and work experience programs offered through the Workforce Investment Act, and further consent to and waive notice of such future changes in the applicant's training and work experience as may be arranged by the applicant and the administering agency.

Applicant's Signature: _____ Date: _____

Parent or Guardian's Signature*: _____ Date: _____

*Required if the applicant is less than 18 years of age.