

Career Development Program

Customer Summary

To be completed by Customer. These questions are instrumental in assessing individual employment needs, and for developing a customized Employment Plan if the Career Development Program's services match your needs.

| Customer Information | | | |
|---|--------|--|---------|
| Name: | | Date Submitted: | |
| Social Security (last four) #: | | Birth Date: ____/____/____ | Age: |
| Mailing Address: | | | |
| City: | State: | Zip Code: | County: |
| Phone #: | | Alternate Phone #: | |
| Email: | | | |
| Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed | |
| Are you the spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you an Indian, Alaska Native, or Native Hawaiian? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| What areas of skill development do you need assistance in? | |
|---|--|
| <input type="checkbox"/> Upgrade Basic Computer Skills <input type="checkbox"/> Obtain ESL (English as a Second Language) Skills <input type="checkbox"/> Earn my GED (General Education Diploma) <input type="checkbox"/> Have started and would like to complete my GED <input type="checkbox"/> Training in: _____ <input type="checkbox"/> Finish my degree in: _____ <input type="checkbox"/> Obtain a certificate in: _____ | <input type="checkbox"/> Job Search Tips <input type="checkbox"/> Resume / Cover Letter Assistance <input type="checkbox"/> Interviewing Assistance <input type="checkbox"/> Job Referrals Vocational Guidance <input type="checkbox"/> Career Planning Information <input type="checkbox"/> Other: _____ |
| Are you seeking immediate employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, please explain)</i> | |
| Top three (3) occupations of interest? | |

| Work History | |
|--|---|
| List all jobs (<i>paid or volunteer</i>) you have held in the <u>last 5 years</u> starting with your current or most recent job. Please Explain any gaps in your employment. <i>(Attach additional page if necessary).</i> | |
| Employer: _____ City: _____ State: _____ Job Duties: _____ Start date (month/year): _____ End date (month/year): _____ Reason for Leaving: _____ | Job Title: _____ Hours per week: _____ Wages: \$ _____ per hr. _____ _____ |
| Employer: _____ City: _____ State: _____ Job Duties: _____ Start date (month/year): _____ End date (month/year): _____ Reason for Leaving: _____ | Job Title: _____ Hours per week: _____ Wages: \$ _____ per hr. _____ _____ |

Employer: _____ Job Title: _____
 City: _____ State: _____ Hours per week: _____ Wages: \$ _____ per hr.
 Job Duties: _____
 Start date (month/year): _____ End date (month/year): _____
 Reason for Leaving: _____

Please explain gaps in employment

| Customer Information | Yes | No |
|---|-----|----|
| Are you legally able to work in the United States? <i>(documentation required)</i> | | |
| Do you have a state issued picture ID? (Driver's License, ID Card, Passport) <i>(documentation required)</i> | | |
| Do you speak a language other than English? <i>(if so, what is the language)</i> | | |
| Are you registered with Selective Service (MALES ONLY) ? <i>(verification required for MALES born after 12/31/1959 – staff can help obtain)</i> | | |
| Are you currently receiving or eligible to receive Unemployment Insurance? | | |
| In the last 5 years have you received Unemployment Insurance? | | |
| Do you have your GED or High School Diploma? | | |
| What is your highest grade completed: <i>(circle one)</i> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 | | |
| Highest credential earned: <input type="checkbox"/> GED/High School Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD | | |
| Do you have any student loans in default? | | |
| Have you ever been arrested <i>and/or</i> convicted of a criminal offense (including DUI)? | | |
| Are you able to pass a drug test? | | |
| Do you consider yourself to have a physical and/or mental disability? -----> <i>If yes, can you provide a medical release to work if necessary?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you Homeless? | | |

| Family, Household & Income Information | |
|---|---|
| Family Status? <i>(Check One)</i> | <input type="checkbox"/> Independent <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Family member |
| Number of family members <i>(including self)</i> | |
| How many children <i>under the age of 18</i> are living in the household? | |
| Do you currently owe back child support payments? | |
| Are you currently OR within the last 6-months have you or your family received any form of public assistance <i>(Check all that apply)</i> | <input type="checkbox"/> TANF (Cash Assistance) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Food Assistance <input type="checkbox"/> LEAP (within last 12 Months) <input type="checkbox"/> Childcare Assistance Program <input type="checkbox"/> Low Income Housing |
| What is <i>your</i> income for the past 6 months? | \$ _____ |
| What is <i>your family's</i> income for the past 6 months? | \$ _____ |

| Young Adult Information: <i>(please complete if <u>under 25</u> years old)</i> | Yes | No |
|---|-----|----|
| Are you currently attending high school, college, or otherwise enrolled in any education program? | | |
| Are you 16-24 years old? | | |
| Do you possess a state issued ID? (Driver's License, ID Card, Passport) | | |
| Do you have access to your Social Security Card? | | |
| Did you drop out of High School? | | |
| Have you stopped attending school for at least 3 months? | | |
| Have you ever been arrested <i>and/or</i> convicted of a criminal offense (including DUI)? | | |
| Are you a pregnant or parenting youth? | | |
| Are you homeless? | | |
| Are you currently <i>and/or</i> have you aged out of foster home placement? | | |
| If not a currently foster child, have you been in foster care but since aged out? | | |

| Partner Agencies | |
|--|--|
| Are you receiving services from any of the following partner programs? | |
| <input type="checkbox"/> Adult Education <input type="checkbox"/> Job Corps <input type="checkbox"/> Vocational Rehabilitation /SWAP <input type="checkbox"/> Older Worker Program <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Social Security <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Church <input type="checkbox"/> Employment and Training <input type="checkbox"/> Services Related to SNAP (Food Assistance) <input type="checkbox"/> Indian and Native American Programs <input type="checkbox"/> Youth Build <input type="checkbox"/> National Farm Worker Jobs Program |

| Follow Up Contact |
|---|
| Please list a contact person who can reach you in the event that we cannot <i>(this should be a person who does not live in the same household)</i> : |
| Name: _____ Phone Number: _____ |
| Relationship: _____ |

| Certification and Acknowledgement | Customer's Initials |
|--|----------------------------|
| I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for Career Development Program activities and may be considered justification for dismissal if discovered at a later date. | |
| Finally, I recognize that a Customer Summary and eligibility determination are initial steps and do not guarantee program participation. | |
| Customer Signature: _____ | |

Eligibility & Document Checklist

To be eligible for Career Development Services, **all** applicants must meet the following three (3) criteria:

- *18 years of age or older (adults)
- *US citizen or non-citizen authorized to work in the US
- *Meet Selective Service registration requirements (**males only**)

*Also, some applicants (**#2 in Income section below**) may also be required to meet Income Guidelines.

| Income Eligibility Guidelines – ADULT FUNDING only | | |
|---|---------------------------------|--|
| Family Size | Income for past 6 months | The definition for “Family” is: Two or more persons related by blood, marriage (common law or ceremonial), or civil union, or decree of court, who are living in a single residence, and are included in one or more of the following categories: A. A husband, wife, and dependent children. B. A parent or guardian and dependent children. C. A husband and wife D. Two individuals of the same sex, who are legally married, or in a civil union E. Two individuals of the same sex, who are legally married, or in a civil union, and their dependent children |
| 1 | \$6,030.00 | |
| 2 | \$8,641.00 | |
| 3 | \$11,864.00 | |
| 4 | \$14,644.00 | |
| 5 | \$17,283.00 | |
| 6 | \$20,213.00 | |
| 7 | \$22,303.00 | |
| 8 | \$24,393.00 | |
| <i>To calculate the Income Eligibility for families with over 8 members, add \$2,090.00 for six-month income for each additional family member.</i> | | |

| √ | Information Being Verified | Acceptable Documentation |
|--|---|--|
| | Name | <ul style="list-style-type: none"> • Picture ID or Marriage Certificate |
| | Social Security Number | <ul style="list-style-type: none"> • Social Security Card |
| | Age | <ul style="list-style-type: none"> • Picture ID, Birth Certificate or US Passport |
| | Citizenship | <ul style="list-style-type: none"> • Birth Certificate, US Passport, or Resident Card |
| | Selective Service | <ul style="list-style-type: none"> • Printout from www.sss.gov |
| | Veteran Status <i>(eligible for priority of service)</i> | <ul style="list-style-type: none"> • DD-214 (if not available ask for assistance to obtain) |
| | Resume | <ul style="list-style-type: none"> • Email or Printed Copy |
| I N C O M E | 1.) If you have been laid off, notified of a layoff, receiving or exhausted Unemployment Compensation | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">➡</div> <ul style="list-style-type: none"> • No Income Documents Required • Layoff Letter or UI Notice of Decision </div> |
| | 2.) If you, or your spouse, have worked in the last 6 months | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">➡</div> <ul style="list-style-type: none"> • Paycheck Stubs • Employer Statement on Company Letterhead </div> |
| | 3.) Public Assistance: If you are currently receiving, have received in the past 6 months, are a member of a family receiving, or a member of a family who has received in last 6 months (SNAP, TANF, Supplement Security Income, or state/local income based public assistance) | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">➡</div> <ul style="list-style-type: none"> • Public Assistance Printout or Benefits Letter <i>(Staff can help obtain)</i> </div> |
| | 4.) If you or your spouse (if applicable) have not worked in the last 6 months | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">➡</div> <ul style="list-style-type: none"> • Self-Attestation Required </div> |

***If you are seeking training assistance, additional documents may be required, see next page**

| √ | Training Pre-Requisite Requirements | |
|---|---|--|
| | Pell –Federal Financial Aid Application <i>(if applicable)</i> | <ul style="list-style-type: none"> • Apply at www.fafsa.ed.gov • Approval or Denial of any Awards |
| | School Acceptance Letter & Start Date | <ul style="list-style-type: none"> • Approved course on ETPL List Only |
| | Career and Basic Skills Assessments <i>(To schedule call Mesa County Workforce Center Professional Services at:</i> 970-257-2215 | National Career Readiness Certificate (NCRC) Results <i>(all)</i> Math, Locating Information, Reading Career Assessment Results <i>(only one)</i> <ul style="list-style-type: none"> • Workkeys Fit & Talent • Caps, Cops, Copes |
| | Tuition Cost Breakdown | |
| | List of Required Books / Uniforms | |

If seeking the following training, please provide these additional pre-requisites

| √ | Commercial Driver's License (CDL) |
|---|---|
| | Over-The-Road pre-hire letters – At least two (2) <i>(If criminal background exists, must address the fact that background issues were discussed)</i> |
| | Motor Vehicle Report (MVR) for <u>all States</u> lived in the past 5-7 years. |
| | Current DOT Physical |
| | Ability to pass Drug Screen within 30 days of application to the Career Development Program |

| √ | Health Care Occupations |
|---|---|
| | You will be asked to pay out of pocket for your own background record check (more extensive than CBI) |
| | Ability to pass Drug Screen within 30 days of application to the Career Development Program |