

What Program are you applying for: _____

WORKFORCE TRAINING PROGRAM COMPONENTS

Thank you for applying for Comprehensive Community Solutions workforce training programs. Depending on what program you sign up for you could be enrolled in one or more of the following components:

- Life Skills
- Employment Readiness
- Case Management
- Academics that lead A High School Diploma
- Leadership Development
- Mental Toughness
- Community Service
- Construction Training
- Welding
- Civic Engagement
- Placement in work, further training, military and/or post-secondary education

Most of our programming is for *OPPORTUNITY YOUTH*: youth who are low-income; current foster youth or youth aging out of the foster care system; youth offender; adult offender; youth with disabilities; child of an incarcerated parent; or a migrant youth. *Note: if you do not fit into one of the categories mentioned, that does not mean you are not eligible for Comprehensive Community Solutions programming. If you are unsure if you are eligible for programming, Ask to speak to a team member.*

RECRUITMENT PROCESS: *How to apply*

1. Complete an application and return it to us. It is important that you answer all of the questions.
2. You will be asked to attend at least three appointments with us on different days:
 - ✓ An orientation session
 - ✓ A personal Interview
 - ✓ A 2nd Interview
3. **REQUIRED ELIGIBILITY DOCUMENTS:** Before we can determine your eligibility for any one of our programs, you will need to furnish us with the following documentation:
 - ✓ Current state ID or driver's license
 - ✓ Social Security Card
 - ✓ Birth Certificate
 - ✓ Education Verification – Copy of your transcripts, high school diploma, GED, or a statement that you did not complete high school (Drop Letter)
 - ✓ Other information – proof that your are Low Income, Youth or Adult Offender, Child of an incarcerated parent, Current Foster youth or youth aging out of foster care, Youth with a disability, or a migrant youth.

Note: The documentation needed to prove anyone of the statuses that make you eligible under the above bullet point "Other information" is outlined below.

How we select individuals for our programs:

- You must submit a completed application.
- We utilize a rating system for applicants and will invite eligible applicants to attend an orientation.
- If you are still interested in the program after the orientation staff may ask you to return for an interview. **We must receive all required eligibility documents AT or prior to your interview.**
- Depending on the program you are applying for you may be asked to attend a Mental Toughness program. Mental Toughness is a 16 day program designed to see if you are ready for our YouthBuild Rockford program.
- A final evaluation of a candidate is completed which includes a review of your dedication to setting and working hard to achieve your goals, motivation to complete the program, attendance, and participation. If your evaluation is satisfactory and there are positions open in the program you are applying for, then
- We will invite you to join the program you applied for.

Thank you for your interest in our programs and if you have any questions, please contact us

PLEASE KEEP THIS SHEET

Please bring in this documentation **WHEN** you submit your application. **If you do not have one of the documents listed below, speak with a team member and they can provide you guidance.**

All of These following items are **REQUIRED** to determin your eligibility for programs:

- ___ 1. Current State ID or Driver’s License
- ___ 2. Social Security Card
- ___ 3. Birth Certificate
- ___ 4. Education verification: copy of your transcripts, high school diploma, GED, or a drop letter from your high school stating that you did not complete high school diploma (we will ask you to sign a document stating you did not finish high school and do not have a diploma or GED)
- ___ 5. PROVIDE **AS MUCH** OF THE FOLLOWING DOCUMENTATION AS POSSIBLE:

PROOF OF BEING A DISADVANTAGED YOUTH:

- **Low Income:** Verify youth meets low income guidelines as referenced in 42 U.S.C 1437a(b) through applicable income source:
 - Pay Stubs
 - 6 months of Bank Statement (direct deposit)
 - Tax return if over 18 or emancipated
 - Public assistance records/receipt LINK or SNAP or TANF verification
 - Written statement from an individual if in temporary residence or a shelter
- **Youth or Adult offender:** Verify youth is an offender or involved with the criminal justice system.
 - Court Documentation
 - Letter from parole/probation officer
 - Police records
 - Resident of a detention facility, group home, or restricted state-run facility
- **Child of an incarcerated parent:** Verify youth is a child of an incarcerated parent
 - Court records
 - Applicant Statement
- **Current Foster Youth or youth aging out of foster care:** Verify youth is in the foster care system or aging out of the foster care system
 - Court Contact documentation
 - DCFS Contact documentation
 - Medical Card
 - Verification of payment made on behalf of the youth
- **Youth is an individual with a disability (includes learning disabilities, IEP, etc.):** Verify disability (an individual with any disability as defined in Section 3 of the Americans with Disabilities Act of 1980)
 - SSA Disability Records Statement
 - Academic records
 - Medical records
 - Physican Statement
 - Individualized Educational Plan (IEP)
- **Migrant Youth:** Verify youth is a migrant youth worker or part of a family with migrant workers
 - Employer statement or Work permits
 - Wage records/family wage records
 - Applicant statement

To obtain a **DROP LETTER** YOU must visit:

RPS 205 Administration Building
501 7th Street Rockford Il 61104

Phone 815-966-3284

Hours M,T,T,F 8AM – 4:30 PM W 8 AM – 6PM

Must bring a current STATE ID

IF under 18 years old a parent must be present (if parent has ID minor does NOT need one.)

FOR OFFICE USE ONLY

Date Received: _____ Date entered in system: _____ All Documentation Subitted (N/Y): _____ Attended Group Orientation (N/Y): _____
1st Interview Date: _____ Mental Toughness Attendee (N/Y): _____ TABE Tested (N/Y): _____ Final Evaluation Rating: _____

2021-2022 WORKFORCE TRIANING PROGRAM APPLICATION

Instructions: Please fill out all parts of the application form and submit to the main office. If you need help, ask. Your application must be complete in order to be considered for eligibility.

APPLICANT INFORMATION

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Email: _____
home mobile

Social Security Number _____ - _____ - _____ Date of Birth _____ Age _____
month / day / year

Sex: Male Female Nonbinary Transgender Genderqueer Cisgender U.S. Citizen: Yes No

Is English the primary language in your household? Yes No: _____
If no, specify language used

How often does *communicating in English cause problems for you at work or school?
**(Communicating means reading, writing and speaking English.)*
 Usually Sometimes Seldom Never

Marital Status: Never Married Married Divorced Separated Widowed

Race: Black/African-American White American Mexican American
 Asian-American/Pacific Islander Native American Other (specify) _____

Ethnicity: Hispanic /Latin American / Spanish Other _____ Not of Hispanic, Spanish, or Latino origin.

Please check which of the following is closest to your **household's yearly income:**

- | | | |
|---|---|--|
| <input type="checkbox"/> \$00 to \$5,000 | <input type="checkbox"/> \$10,001 to \$15,000 | <input type="checkbox"/> over \$40,000 |
| <input type="checkbox"/> \$20,001 to \$25,000 | <input type="checkbox"/> \$30,001 to \$35,000 | |
| <input type="checkbox"/> \$5,001 to \$10,000 | <input type="checkbox"/> \$15,001 to \$20,000 | |
| <input type="checkbox"/> \$25,001 to \$30,000 | <input type="checkbox"/> \$35,001 to \$40,000 | |

Living Where: (Check the one that best describes your living situation)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> House / Apartment | <input type="checkbox"/> Halfway House | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Group Home | <input type="checkbox"/> Work Release Program | <input type="checkbox"/> Other _____ |

Raised in a Single Parent Household or a Married Couple Household? _____

Number of people in your household: _____ Living with parent/guardian Yes No

Have you ever been: _____ (if YES please specify)
 a Previous Foster Youth or, are a Current Foster Youth or, are a Youth Aging out of Foster Care Yes No

Are you a Child of an Incarcerated Parent Yes No

Please indicate if **YOU** are receiving any kind of Public Assistance: Yes No

If yes, please check those that apply to YOU:

- AFDC/TANF SSI WIC Public Housing/Section 8
 SNAP (Food Stamps) General Assistance Medical Card

Does **SOMEONE ELSE** in your household receive public assistance: Yes No

If yes, please check those that apply:

- AFDC/TANF SSI WIC
 SNAP (Food Stamps) General Assistance Public Housing/Section 8

Do you have children?: No Yes

If yes:

✓ how many children do you have? _____

Please list their Names & Date of Birth:

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

✓ Does your children live with you? Yes No

✓ Does your child's other parent receive AFDC/TANF? Yes No

✓ Do you have Child Care? Yes No Any Current DCFS involvement No Yes

Please list the name of your child care provider/agency

address	city	State / zip	Phone Number
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How did you hear about our program?

- Flyer (Where) _____ Relative/Friend (Whom/ name & number) _____
 Probation/Parole (Name) _____ Housing Authority The Workforce Connection Court Mandated
 Community Center (Which One) _____

Please give us as much information on how you heard about our programs: _____

Drivers License

- ✓ Do you know how to drive? Yes No
- ✓ Do you own a car? Yes No
- ✓ Do you have a **valid** Drivers License? No Yes

Voter Registration & Selective Service

- ✓ Are you registered to vote? Yes No Not Eligible Unsure
- ✓ Are you registered with Selective Service Yes No

Military Service

Are you currently in or have you every served in the U.S. Military? Yes No ____

- ✓ If yes, what branch? _____ Dates served: _____ to _____ Rank at discharge _____
month / year month / year
- ✓ If Yes, what type of discharge Honorable General Other, explain: _____

Criminal History

Have you ever been arrested? Yes No If yes, was it as a: Juvenile Adult

Have you ever been convicted of any crime (other than a traffic offense) Yes No

- ✓ If Yes: Juvenile or Adult
- ✓ If Yes: Felony or Misdemeanor

Have you ever been convicted for a violent or weapons offense? Yes No

if Yes Which? _____

Have you ever been convicted of any type of sex crime? Yes No

Are you on probation? Yes No Pending

Are you on parole? Yes No Pending (if yes, when will your probation / parole be over?) _____ month / year

Name and phone number of probation / parole officer: _____
Name Phone Number

Do you have any charges pending: No Yes, please describe: _____

EMERGENCY CONTACT:

In case of Emergency, who should we contact?:

1. Contact Person Name: _____ Contact Person Relationship to you _____

Emergency Contact address city State / zip Phone Number

2. Contact Person Name: _____ Contact Person Relationship to you _____

Emergency Contact address city State / zip Phone Number

HEALTH SURVEY:

Do you have any physical, medical or health problems that would prevent you from participating in this program?

No Yes, If yes please explain:

What is the date of your last physical exam? _____ Name of the Physician, Clinic, or Hospital _____

Should you be wearing eye glasses or contacts ? Yes No Both

List any medication being taken (prescription or non-prescription): _____

Do you smoke (Cigarettes or Vape) ? No Yes

If you smoke, can you limit your smoking to breaks and lunch time? No Yes

Please read the following list carefully, and check all that apply to you. If you answer yes to any section, describe below.

	Yes	No		Yes	No		Yes	No
arthritis	___	___	backpain	___	___	fainting	___	___
epilepsy	___	___	convulsions	___	___	headaches	___	___
eye problems	___	___	ear problems	___	___	anemia	___	___
bruise easily	___	___	liver disease	___	___	jaundice	___	___
hospitalization	___	___	allergies	___	___	heart problems	___	___
high blood pressure	___	___	short of breath	___	___	lung disease	___	___
pneumonia	___	___	tumors/cysts	___	___	stomach trouble	___	___
ulcers	___	___	rectal bleeding	___	___	cancer	___	___
infectious disease	___	___	diabetes	___	___	bladder problem	___	___
kidney problems	___	___	menstrual problem	___	___	pregnant now	___	___
mental illness	___	___	IV drug use	___	___	asthma	___	___
high blood pressure	___	___	nervousness	___	___	irritability	___	___

Please explain any YES answers: _____

EDUCATIONAL BACKGROUND:

What is the name and address of your current or last school:

Name of last school _____
Street *City* *State* *Zip*

Do you have a High School Diploma or a GED? Yes No

- ✓ If yes and you have a High School Diploma, what year did you graduate: _____
- ✓ or if yes and you have a GED, what year did you receive it: _____
- ✓ If No, what was the last grade you completed in school?: _____ AND what was the last year (date) you attended school?: _____
- ✓ If No, why did you drop out and not receive a high school diploma or GED? (Check all that apply)
 - poor grades pregnancy lack of interest attendance incarcerated expelled
 - work (needed money) suspended Other (please explain): _____

Youth is an individual with a (IEP), **Individualized Educational Plan** Yes No

✓ If you have taken any GED Tests please complete:

Social Studies	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Where _____
Science	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Where _____
Reading/ LA	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Where _____
Math	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Where _____
Constitution	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Where _____

✓ If No, do you plan on completing your high school diploma at Comprehensive Community Solutions?: No Yes

Have you ever been in another training program (CCS, Goodwill, The Workforce Connection, etc?): No Yes

If yes, what was the name of the program? _____ Did you complete this program? No Yes

Please list any additional training and/or certificates you may have received (for example: CNA, Life Saving, nail technician, etc.)

Did you take any shop courses in high school? No Yes, which ones? _____

Do you plan to continue your education after completing the program? Yes No

If yes, please check which of the following you may be interested in:

- Community College (2 years degree) Technical School University(4 year degree) Job Corps
- Apprenticeship Program Other _____

CONSTRUCTION:

Do you have any construction experience? No Yes

✓ If Yes, were you paid during that experience? Yes No

✓

✓ If Yes, how much construction experience do you have? 6 months or less 6-12 months 1 year or more

✓ If Yes, please describe this experience. _____

✓ _____

✓ What tools names do you know ? _____

✓ _____

✓ Do you know how to use tools ? Yes No

✓ What tool (s) do you know how to use : _____

✓ _____

✓ What types of jobs do you think are available in the field of construction?

What are you interested in doing for a career? _____

ESSAY:

ESSAY Question

Choose **ONE** of these three topics and write a 250 word response.

Topic One: Choose an organization or a person that you want to help. Why did you choose this organization or person and what talents, abilities, and skills do you have that you could use to help them?

Topic Two: What is a positive change you plan on making in your life, and what steps are you undertaking to reach this goal?

Topic Three: A moral code is the set of rules that a person uses to determine right or wrong in their own life. In your essay, identify one rule that you believe is important to follow, and explain your reasons for following that rule.

