



**Region III Workforce Investment Board
Application for WIOA Funding for
Adults & Dislocated Workers**

Personal Information:

First Name: _____ Last Name: _____ Middle Initial: _____

Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____

Address: _____

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

Primary Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Ethnicity: _____

Characteristics:

Do you have a disability? Yes No If yes, does your disability result in a substantial barrier to employment? Yes No

Are you a client of Vocational Rehabilitation? Yes No If you answered "yes" to any question, please briefly explain your disability:

Citizenship:

Are you a U.S. Citizen? Yes No If not, are you authorized to work in the U.S.? Yes No

Are you registered for Selective Service? (Only men born after 12/31/59) Yes No Selective Service Number: _____

Employment Information:

Are you currently employed? Yes No Name of Current/Most Recent Employer: _____

Job Title: _____ Start Date: _____ Last Date of Work: _____

Hourly Wage: \$ _____ Hours per Week: _____

Reason for Leaving: Layoff Termination Quit Other: _____

If not employed, are you actively seeking employment? Yes No

Do you have a poor work history? (Have not worked for the same employer for longer than 3 consecutive months in the past 2 years) Yes No

What is the likelihood you will be called back to your previous occupation or industry? Good Poor

Education:

Are you currently attending school/training? Yes No

If yes, School: _____ Program: _____

What is the highest grade completed? _____

College Degree High School Diploma GED/TASC HS Dropout

Degree/Vocational Training/Certificate/License: _____

Are you in default on a federally funded or guaranteed student loan? Yes No

Do you currently receive Pell Grant? Yes No

Number in Household/Income:

Number of residents in your household (including yourself): _____

Are you between 18 and 21 years of age? Yes No

If yes, are you claimed as a dependent on someone else's income tax? Yes No

Do you receive, or in the past 6 months received, food stamps? Yes No If yes, amount: \$ _____

Do you receive:

TANF Yes No If yes, amount: \$ _____

SSI Yes No If yes, amount: \$ _____

Unemployment Yes No If yes, amount: \$ _____
Compensation

Total household income in the past 6 months (gross income before taxes): \$ _____

Amount past 6 months _____ x2 _____

Military History:

Are you a military veteran? Yes No (if yes, please provide **DD-214**)

Start date of active duty _____ End date of active duty _____

Did you serve more than 180 days on active duty in the military? (Do not include National Guard or Reserve training time).
 Yes No

Have you been awarded a service-connected disability by the Department of Veteran's Affairs since your release from active duty?
 Yes No

What is your service-connected disability rating? _____%

If less than 30%, has the Department of Veteran's Affairs determined that your service-connected disability results in a serious employment handicap? Yes No

Are you a Vietnam Era veteran? Yes No

Are you a recently separated veteran? Yes No

Disability discharge/release? Yes No

Are you the spouse of:

- Any person killed in action or who died on active duty of a service-connected disability?
- Any person who died of a service-connected disability?
- Any member of the Armed Forces serving on active duty at the time of application that meets one or more of the following, and has been so for a total of 90 days:
 - Missing in action
 - Captured in the line of duty by hostile forces
 - Forcibly detained/interned in the line of duty by a foreign government or power
 - Any person who has total disability (permanent) resulting from a service-connected disability or of a veteran who died while a disability so evaluated existed

Yes No

Dislocation Information:

Are you a union member? Yes No

Was the dislocation a result of (check one):

Actual Layoff Termination Notice of Layoff Actual Closure Notice of Closure Self-Employed

Have you filed for, or exhausted, unemployment benefits? Yes No

Name of Employer: _____

Date of dislocation: _____ Months with Employer: _____

Are you a **displaced homemaker**? An individual who has been providing unpaid services to family members in the home, and who:

- Has been dependent on the income of another family member but is no longer supported by that income **AND**
- Is unemployed or underemployed and is expecting difficulty in obtaining or upgrading employment

Yes No

*Case Manager Use Only:

At time of Layoff/Dislocation:

NAICS Code: _____

O'Net Code: _____

Barriers/Exceptions Not Previously Listed:

Are you an Incumbent Worker? Yes No If yes, wage: \$ _____

Have you had a long-term welfare dependency? Yes No

Are you a self-sufficient adult? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

I attest that the information supplied on this application is true and accurate to the best of my knowledge.

Applicant's Signature

Date

WORKFORCE WV PRIVACY/DISCLAIMER STATEMENT

By enrolling with WORKFORCE West Virginia, you agree that the American Job Center (AJC) Partners can see and use the information contained within your application in order to better provide assistance to you in determining eligibility for assistance in obtaining employment, training for employment, or other services. Personal information such as social security number, race, ethnicity, sex, and disability status is being required for federal record keeping and reporting requirements only and is kept confidential. For your convenience, our Privacy Policy is provided below.

I have read the above statement and agree, indicating so below with my signature, that the Workforce West Virginia Partners can see and use the information in this application in order to provide assistance to me. In the event I disagree, I will not sign, and notify the individual with whom I am conducting my business.

Applicant’s Signature

Date

INFORMATION VALUES AND PRIVACY POLICY STATEMENT

Our Consumer Information Values and Privacy Policy are provided to help you understand how we protect your personal information. This policy provides you with an opportunity to make informed choices about the management of personal information. Also, there are several convenient ways to obtain more information, including answers to commonly asked questions about privacy. You may call toll-free at 1-877-967-5498 with any further questions or concerns.

VALUES

Information security is a priority.

One of our highest priorities is information security. We regularly review our security standards and practices to protect against unauthorized access to information.

POLICY

How we keep information secure.

Information security is one of our highest priorities. This priority is emphasized by our internal employee Code of Conduct, this Privacy Policy, and the contracts and agreements that we sign with external supplier and partners. Employees who violate or policies and procedures regarding privacy are subject to disciplinary action, and or partners and suppliers are bound to uphold our procedures regarding privacy under the terms of our legal contracts with them. We safeguard information by regularly assessing security standards and procedures to protect against unauthorized access to personal information. We limit access to personal information about you to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your personal information.

CIVIL RIGHTS STATEMENT

EQUAL OPPORTUNITY IS THE LAW

As an APPLICANT/CLAIMANT, we welcome you to WorkForce West Virginia.

--- It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs under Title I of the Workforce Innovation Opportunity Act (WIOA), on the basis of citizenship/lawful residence/work status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-funded program or activity: Providing opportunities in, or treating any person with regard to, such as a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCE DISCRIMINATION

If you think that you have been subjected to discrimination under WIOA Title I-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the recipient: **Vickie Elkins**, Equal Opportunity Officer, WorkForce West Virginia, 112 California Avenue, Charleston, WV 25305, 304-558-1600; 304-558-1549 (TDD) or the Director, Civil Rights Center, (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210, 202-693-6502; 202-693-6516/16 (TTY).

If you file a complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passes (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I have read the above Civil Rights Statement and understand it.

Print Name

Signature

SSN – Last 4 Digits

Date

Region III Workforce Investment Board

Authorization to Release Information

I hereby authorize Region III Workforce Investment Board and WorkForce WV permission to print the details of my accomplishments during my time in the WIOA program. I also agree to allow my picture to be used if necessary. I am fully aware that all information will be used in an attempt to highlight only my accomplishments. I am also aware that all information will be used for statistical data, reports, public relations, newsletters, or for general correspondences. If there are any questions, I may be contacted by the numbers listed on file. By signing this form, I also understand that the Region III Workforce Investment Board and WorkForce WV will track my progress in the WIOA program and authorize appropriate staff to contact myself and employers for a minimum of 1 year.

Applicant's Signature

Date

GRIEVANCE PROCEDURE

Workforce Innovation Opportunity Act

All WIOA program participants, WorkForce WV American Job Center Partners, Service Providers, and other interested parties have the right to file a grievance. Such parties may file a complaint concerning any aspect of the implementation of the Workforce Innovation Opportunity Act when they feel the provisions of the Act have not been followed.

Grievance: An actual or supposed circumstance regarded as just cause for protest or complaint.

GRIEVANCE PROCEDURE:

Step 1: The person having the complaint shall discuss it and put in writing to his/her immediate supervisor/instructor where applicable within two (2) working days of the alleged occurrence. A written response will be given to the grievant within three (3) working days. The grievant may request assistance from anyone in writing the complaint.

Grievant accepts the decision or proceeds to:

Step 2: Grievant requests an investigation by contacting the Workforce Investment Board of Kanawha County (WIB-KC) in writing within five (5) working days. Electronic mail and faxed complaints, as well as letters in any form, meet the definition of "in writing". Verbal complaints will not be accepted for investigation. The complaint should specify what the issue is; to the extent possible, indicate what provision of the Act the complainant feels has been violated; and what remedy the complainant is seeking to satisfy the complaint.

An investigator will be assigned from the WIB-KC staff to review and/or investigate the complaint. Written grievance should be sent to:

Complaints Review Officer
Workforce Investment Board of Kanawha County
PO Box 3726
Charleston, WV 25337
Fax: (304) 344-5762

The Complaints Review Office will review the complaint in a final attempt to reach an informal resolution. A written decision is rendered to all parties within ten (10) days.

APPEAL:

The decision of the Workforce Investment Board of Kanawha County may be appealed if either party is not satisfied by the action of the WIB-KC. Within five (5) working days from the date the decision was received, a completed Request for Hearing form, which is attached to the decision rendered by WIB-KC, must be forwarded to:

WorkForce West Virginia
Building 4, Room 610
112 California Ave.
Charleston, WV 25305
(304) 558-7024

The hearing officer will schedule a hearing to be held within twenty (20) working days of receipt of a request. Parties to the hearing may be represented at the hearing, but the hearing is not a legal proceeding. The hearing may be held either in person or by phone, at the complainant's discretion. Parties to the complaint may bring witnesses to present evidence at the hearing. The hearing officer will issue a final decision within twenty (20) working days of the hearing.

GRIEVANCE AWARENESS FORM

Participant's Name: _____

I hereby certify that I have received and am aware of the WIOA Grievance Procedure. I further understand that no adverse action can be taken against me for filing a grievance.

Participant's Signature

Date

Case Manager's Signature

Date