



1000 Coffeen St
Watertown, NY 13601
315-786-3651

A proud partner of the American Job Center network

5274 Outer Stowe St
Lowville, NY 13367
315-376-5800

APPLICATION FOR WIOA TRAINING GRANT

Applicant's Name: Date of Birth: Age:

Address:

City: State: Zip Code:

Phone: Carrier: Do you accept texts? ☐ Yes ☐ No

Is your voicemail set up? ☐ Yes ☐ No Email Address:

- 1) Are you a Veteran? ☐ Yes ☐ No **Or** an Other Eligible spouse? ☐ Yes ☐ No
Other Eligible: The spouse of a person who a) was killed in action or who died of a service-connected disability; b) is serving on active duty who is listed as 1. Missing in action, 2. Captured in the line of duty, or 3. Forcibly interned in the line of duty for a total of 90 days or more; c) has a permanent total service-connected disability.

- 2) Are you currently receiving Unemployment Insurance? ☐ Yes ☐ No
If yes, when will your unemployment benefits be exhausted?

- 3) If currently employed, employer's name:
Job Title: Hourly pay: Hours per week:

Do you or have you owned your own business in the past 6 months? ☐ Yes ☐ No

If yes, please list gross revenue for the past 6 months:

- 4) How will you support yourself during training?

- 5) Do you have any of the following (please check all that apply):

☐ High school diploma/GED ☐ Associates degree ☐ Bachelor's degree ☐ Master's degree

☐ Occupational Certificate (Examples: CNA, LPN, Electrical, HVAC, Cosmetology, Office Studies, etc.)

If you answered yes to any of the above other than High School/GED, please list all degrees and/or certificates here:

- 6) What Course or Program are you requesting assistance with?

Training Facility:

Cost of the Training: \$ Start Date: End Date:

If currently in the training program, what was the start date: Current GPA:

- 7) **Financial Aid:** If available for your training program, you must apply for financial aid and provide proof of award or denial before we can process your application.

Do you have any unpaid federal student loans? ☐ Yes ☐ No

If yes, are they in default? ☐ Yes ☐ No

- 8) **Members in the Household:** You must list every member living in the household starting with yourself. Income must be listed even if it is zero. If you need additional space, please use a separate sheet of paper.

Name	Relation	Monthly Income	Source of Income
	Self		

- 9) **Essay Requirements:** As part of the application packet, you are required to attach an essay that includes the information listed below. Failure to provide the required essay will disqualify your application.

1. What is your career goal, and what wage do you expect to earn after graduating?
2. List how many job openings there are within 50 miles that **require** this training, the average wage of these positions, and at least 3 companies that are currently hiring for these jobs.
3. What is your plan after completing this training, and where do you see yourself in 5 years?
4. Are you planning to move out of Jefferson/Lewis counties in the next 3 years? If yes, have you researched if this training is transferrable and in-demand in the area you are moving to?
5. If applying for a CDL-A grant, are you looking for over-the-road positions or jobs that will bring you home each night.

I hereby certify that to the best of my knowledge, the provided information is true and accurate, and that all information within is subject to review and verification. I am aware that falsification of any information on this application is grounds for immediate termination of funding. I further understand that I must agree to follow-up with the WorkPlace while in training and for 5 quarters (15 months) after completion of training, and that this is a requirement to receive funding. I allow the release of information included on this application to any necessary parties to confirm the information contained within. I understand that completion of this application does not guarantee I will be awarded a grant.

Applicant's Signature

Date

Coordinator's Signature

Date



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CRT/OJT/APPRENTICESHIP TRAINING QUESTIONNAIRE

Applicant's Name: _____ Phone #: _____

Do you have basic computer skills? ☐ Yes ☐ No ☐ Not Sure

If you checked not sure, what can you do on a computer (email, search online, write letters, etc)?

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have reliable transportation? ☐ Yes ☐ No

If Yes, what is your method of transportation? _____

If No, how do you plan on commuting to work/training? _____

Do you have reliable child care? ☐ Yes ☐ No ☐ N/A

What is your child care plan (If applicable)? _____

Have you ever been convicted of a crime (felony or misdemeanor)? ☐ Yes ☐ No

If Yes, please specify: _____

Do you have other barriers to securing employment (ex: health issues)? ☐ Yes ☐ No

If Yes, please specify: _____

I hereby certify that the information provided above is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Coordinator's Signature

Date

WE ARE YOUR DOL



Career Services Eligibility Survey

Please answer the questions below. Your answers will help us determine what level of career services you are eligible to receive. The information is confidential and will only be used to determine eligibility and comply with federal reporting requirements.

EDUCATION

1. What is the highest level of education you have completed?

K-12: ☐ none ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12/HS graduate
☐ 12/no diploma ☐ HS Equivalency (TASC, GED)

Post-secondary (after high school):

- | | | |
|---|---|--|
| <input type="checkbox"/> HS+1 year/no degree | <input type="checkbox"/> HS+2 years/no degree | <input type="checkbox"/> HS+3 years/no degree |
| <input type="checkbox"/> HS+1 year vocational cert | <input type="checkbox"/> HS+2 year vocational cert | <input type="checkbox"/> HS+3 year vocational cert |
| <input type="checkbox"/> HS+1 year Associate's degree | <input type="checkbox"/> HS+2 year Associate's degree | <input type="checkbox"/> HS+3 year Assoc. degree |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Master's degree | <input type="checkbox"/> Doctorate degree |

2. Are you currently attending school? Choose option that best describes your situation.

Choose an "attending school" option if you are in between school terms and plan to return to school.

- ☐ (AGES 14-24 ONLY) Attending school, up to and including 12th grade or equivalent;
- ☐ (AGES 14-24 ONLY) Attending school, alternative high school, or alternative course of study;
- ☐ Attending post-secondary school (such as trade school after high school, college, or university, etc.);
- ☐ Not currently attending school and did not graduate from high school (*Select this option if attending YouthBuild, Job Corps or Adult Education*);
- ☐ Not attending school and earned high school diploma or equivalent; or
- ☐ (AGES 14-24 ONLY) Not attending school and within compulsory age range (14-16 years old for most districts; 14-17 for some).

3. (A) Do you have some difficulty speaking, reading, writing, or understanding the English language? ☐ Yes ☐ No

(B) Is your first language a language other than English, or do you live in a family or community where a language other than English is mostly spoken? ☐ Yes ☐ No

4. Do you believe (or have others mentioned) that you need to learn basic computer, math, reading, or writing skills to do well in your job search or future employment?

☐ Yes ☐ No

WORK EXPERIENCE

5. Are you currently employed?

- ☐ Employed ☐ Employed but received notice of termination
- ☐ Not employed – last date worked: ____/____/____ ☐ Not in labor force

6. Have you ever been without a job for 27 weeks or more in a row (without any breaks)?

☐ Yes ☐ No ☐ Never worked

DISABILITY

7. Do you have a disability? ☐ Yes ☐ No ☐ Prefer not to answer

A disability means having a condition that makes it difficult for you to do important things in life, either physically or mentally.

(If yes): How would you describe your disability?

- | | |
|---|---|
| <input type="checkbox"/> Physical or chronic health condition | <input type="checkbox"/> Physical or mobility impairment |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Mental or psychiatric disability |
| <input type="checkbox"/> Cognitive or intellectual disability | <input type="checkbox"/> Hearing-related disability |
| <input type="checkbox"/> Vision-related disability | |

LIVING SITUATION

8. (AGES 14-24 ONLY) Are you pregnant or already a parent? ☐ Yes ☐ No

If you are female, you are considered a parent when you become pregnant. If you are male, you are considered a parent only after your child is born. You do not have to have custody of your child to be considered a parent.

9. Are you a single parent? ☐ Yes ☐ No

A single parent is a single, separated, divorced or widowed person with primary responsibility for one or more dependent children who are under 18 years old. This includes single pregnant women.

10. Is your housing unsafe or unreliable? ☐ Yes ☐ No

Choose yes if any of the following apply to you:

- *Lack a fixed, regular and adequate nighttime residence;*
- *Share housing with other people due to loss of housing, economic hardship or a similar reason;*
- *Live in a motel, hotel, trailer park or campground due to a lack of other suitable options;*
- *Live in an emergency or transitional shelter;*
- *Are abandoned in a hospital;*
- *Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, train station, airport or campground;*
- **(AGES 14-24 ONLY)** *Are awaiting foster care placement;*
- **(AGES 14-24 ONLY)** *Are a migratory child who was required to move from one school district to another in the last 36 months due to changes in parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or*
- **(AGES 14-24 ONLY)** *Are under 18 years of age and left home (or legal residence) without permission of family (i.e., runaway youth).*

11. (AGES 14-24 ONLY) Are you (a) in foster care or (b) did you age out of foster care?

☐ Yes ☐ No

"Aged out of foster care" means you were in foster care but no longer are because you reached a certain age.

LEGAL

- 12. Have you been involved or are you currently involved in the adult criminal justice system or juvenile justice system for breaking a law as a minor or committing a delinquent act (for example, Person In Need of Supervision (PINS) petition or adjudication)?** ☐ Yes ☐ No

A status offense refers to the violation of a law that applies specifically to minors (for example, truancy or underage drinking). Juvenile delinquency refers to the violation of a criminal law by a minor.

- 13. Do you need help in overcoming challenges in finding a job because you have been arrested or convicted in the past?** ☐ Yes ☐ No

INCOME and PUBLIC ASSISTANCE

- 14. Does your family's income fall below or equal to (a) the poverty line or (b) 70% of the lower living standard income level?** ☐ Yes ☐ No ***Staff will help you answer this question [Staff: Income Charts](#)

If you have a disability, only count your income, not the income of your family.

A family is defined as two or more people who are related by blood, marriage, or because of a court decree and live together in one home, and includes: (a) a married couple and dependent children; (b) a parent or guardian and dependent children; or (3) a married couple.

When calculating income, include payments received from Unemployment Insurance and child support.

- 15. Are you or anyone in your family currently receiving any Public Assistance?**
☐ Yes ☐ No

Check all that apply: [Staff: See DEV chart for acceptable documentation sources](#)

- | | |
|---|----------------------------|
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | Issue date: ____/____/____ |
| <input type="checkbox"/> Exhausting TANF within two years | Issue date: ____/____/____ |
| <input type="checkbox"/> TANF Exhaustee | Issue date: ____/____/____ |
| <input type="checkbox"/> SNAP (Food Stamps) | Issue date: ____/____/____ |
| <input type="checkbox"/> SSI (Supplemental Security Income) | Issue date: ____/____/____ |
| <input type="checkbox"/> SSDI (Social Security Disability Insurance) | Issue date: ____/____/____ |
| <input type="checkbox"/> TA (Temporary Assistance, formerly GA) | Issue date: ____/____/____ |
| <input type="checkbox"/> RCA (Refugee Cash Assistance) | Issue date: ____/____/____ |
| <input type="checkbox"/> Safety Net/Home Relief | Issue date: ____/____/____ |
| <input type="checkbox"/> State or local income-based public assistance (such as WIC, HEAP, Child Health Plus, Section 8, Child Care Assistance, etc.) | Issue date: ____/____/____ |

- 16. (AGES 14-24 ONLY) Are you eligible to receive free or reduced-price school lunches?**

Answer "No" if your school provides free lunches to all students, regardless of income. ☐ Yes ☐ No

SPECIAL CIRCUMSTANCES

- 17. Is your spouse a member of the US Armed Services who is currently serving, and did you lose your job because you had to move due to a permanent change in your spouse's duty station?** ☐ Yes ☐ No

- 18. Are you a displaced homemaker?** ☐ Yes ☐ No

A displaced homemaker is someone who (a) has been providing unpaid services to family members in the home; and (b) depended on the income of another family member but is no longer supported by

that income; or is the dependent spouse of a member of the US Armed Services on active duty and whose family income is significantly reduced to a deployment, a call or order to active duty, or the death or disability of the member; and (c) is unemployed or underemployed and is having trouble finding or keeping employment.

19. Are you a FARMWORKER, who migrates or works seasonally? ☐ Yes ☐ No

Check all that apply:

- ☐ Seasonal farmworker – *Someone who worked or is currently working in farm work of a seasonal or temporary nature in the past 12 months and they can return to their permanent place of residence on the same day. This does not include non-migrant individuals who are full-time students. Seasonal work refers to jobs done during specific seasons; a person can have multiple seasonal farm jobs so that they are employed for a major portion of the year and still be considered seasonal.*
- ☐ Migrant farmworker – *Someone who worked or is currently working in farm work of a seasonal or temporary nature in the past 12 months and they travel to find work and cannot return to their permanent place of residence on the same day. Full-time students who travel in organized groups instead of with their families are not included in this category.*
- ☐ Low income unemployed or underemployed agriculture or fish farming laborer – *Someone who (a) has a low income; and (b) primarily works in agriculture or fish farming labor characterized by chronic unemployment or underemployment; and (c) faces multiple obstacles to achieving economic self-sufficiency.*
- ☐ (AGES 14-24 ONLY) Seasonal or migrant farmworker aged 14-24.
- ☐ (AGES 14-24 ONLY) Adult program participant and a dependent of a farmworker who migrates or works seasonally.

20. Do you have cultural thoughts, beliefs, customs, or practices that may make it hard for you to find or keep a job? ☐ Yes ☐ No

21. Is there anything that makes it difficult for you to find or keep a job? For example, do you have challenges such as not having childcare while working, no health insurance, not having enough food to eat, having an order of protection against someone who threatens you, being involved in family court, or facing other circumstances that affect your safety? If yes, please write or share with staff so we can help you.

I confirm that the information provided on this document is true and accurate to the best of my knowledge.

Printed name: _____

Signature: _____ Date: _____

