

Additional Veteran Questions, if applicable...	
Did you receive any type of combat/medical Life-Saver training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on active duty, do not expect to be discharged within the next 12 months, and do not expect to retire within the next 24 months? (V1):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on active duty and expect to retire within the next 24 months? (V2):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you discharged or released with other than a dishonorable discharge? (V3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you served on active duty for a period of one day or more? (V4):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you served as a member of a reserve component or National Guard Unit ordered to active duty under Title 10 and if so, were you discharged or released from such duty with other than a dishonorable discharge? (V5):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a service connected disability rated by the VA at less than 30%? (V6):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you discharged or released from active duty due to a disability incurred in or aggravated by military service and/or have been rated at 30% or more by the VA for a service-connected disability? (V7):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a VA Vocational Rehabilitation (Chapter 31) Veteran? (V8) :	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, were you awarded a campaign medal? (V9):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Spouse of any member of the Armed Services? (V11):	<input type="checkbox"/> Yes <input type="checkbox"/> No
If awarded a campaign medal, what campaign(s)? (V10):	
If yes, please check all that apply:	
<input type="checkbox"/> Spouse died as a result of a service connected disability	
<input type="checkbox"/> Spouse has a permanent, total disability resulting from a service connected disability	
<input type="checkbox"/> Spouse died while the disability was in existence	
<input type="checkbox"/> Spouse is listed and has been listed as Missing-in-Action for more than 90 days	
<input type="checkbox"/> Spouse is listed and has been listed as captured in the line of duty by hostile forces for more than 90 days	
<input type="checkbox"/> Spouse is or has been forcibly detained or interned in the line of duty by a foreign government or power for more than 90 days	
Employment Status and Work History:	
Current Work Status:	<input type="checkbox"/> Employed <input type="checkbox"/> Underemployed <input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed
If <u>Not</u> Employed, how long?	<input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> Over 1 year
Type of work desired:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
Most Recent Employer (1):	
Address:	
Job Title:	Full or Part Time:
Job Duties:	
Employed From:	To: Wage/Salary:
Reason for Leaving:	
Please state your entire household income for the last 6 months:	

Unemployment Compensation:	
Have you applied for Unemployment Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving Unemployment Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when were you approved?	
Do you have employee recall rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is your Unemployment Insurance Status at the time of Registration?	
<input type="checkbox"/> Eligible Unemployment Claimant NOT Referred by WPRS	
<input type="checkbox"/> Eligible Claimant Referred by WPRS	
<input type="checkbox"/> Exhaustee for Unemployment Insurance	
<input type="checkbox"/> Not Current Claimant and Not An Exhaustee	

Are you a Displaced Homemaker (i.e., spouse's income will no longer support you due to death, disability, dislocation, divorce, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Household Demographics:

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed
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<p>Family Size: (Including yourself, how many people are in your immediate family and living in your home? A family includes two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:</p> <p>A. A husband and wife, including any dependent children. B. A parent(s) or guardian(s) and dependent children.</p> <p style="text-align: center;"><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+</p>
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Are you currently homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Ex-offender (Have you ever been convicted of a felony?):	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, last felony conviction: <input type="checkbox"/> N/A <input type="checkbox"/> Older than 7 years <input type="checkbox"/> Under 7 years

Do you have a valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please identify if you are related to or have a close relationship (Personal or Business) with any of the following OMJ Lake County or Lake County Workforce Investment Board Members: (Check all that apply):	
<input type="checkbox"/> No Known Relationship <input type="checkbox"/> OMJ Lake County Staff <input type="checkbox"/> City of Painesville Employee <input type="checkbox"/> Lake County Employee <input type="checkbox"/> OMJ Lake County Partner Staff	<input type="checkbox"/> OMJ Lake County Contracted Provider Staff <input type="checkbox"/> Local Elected Official <input type="checkbox"/> Lake County Youth Council Member <input type="checkbox"/> Lake County WIB Member <input type="checkbox"/> Lake County WIB Executive Staff
If Yes, please provide the Staff Member or other Stakeholder name(s) below:	

Education Section:

Highest Level Achieved:

- | | |
|---|--|
| <input type="checkbox"/> Doctoral Degree | <input type="checkbox"/> High School Graduate |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Attained Other Post-Secondary Degree or Certification |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Attained Certificate of Equivalency for a H.S. Degree |
| <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Attained Certificate of Attendance/Completion
(Disabled Individuals) |
| <input type="checkbox"/> 1-3 Years of College Completed | <input type="checkbox"/> No Diploma - Did Not Complete High School |
| <input type="checkbox"/> Vocational/Technical Degree | |

Education Status:

- | | |
|---|--|
| <input type="checkbox"/> Not Currently Attending School | <input type="checkbox"/> In-School: Alternative School |
| <input type="checkbox"/> In-School: High School or Less | <input type="checkbox"/> In-School: Post H.S. |

Special Accommodation(s):

Do you have any limitations that would interfere with employment?

Phone number for the Equal Access Services (440) 350-2492

Yes No

If Yes, please list your limitations below so that we can determine if we should also link you up with Equal Access Services at the OMJ Lake County. Your explanation will assist in making sure you are able to get the maximum benefit from the Employment Connection.

- 1.
- 2.
- 3.

WIOA Summary of Complaint Rights: Lake County Complaints: (440) 350-4228

I hereby acknowledge that I have reviewed this summary of rights and the recipient's equal opportunity/nondiscrimination policy statement.

WIOA complaint procedures are for program applicants/registrants, participants, Local Workforce Investment Areas (LWIOAs) and their sub recipients/providers, labor unions/joint labor/management committees, community-based organizations or any individual or organization wishing to file a WIOA based complaint. Complaints must be reduced to writing. They may be filed by mail (regular or electronic) or in person by the Complainant or his/her authorized representative. Please contact OMJ Lake County at (440) 350-4228. Lake County Department of Job and Family Services LWIOA grant recipient. 177 Main Street, Painesville, OH 44077. Address Phone Programmatic Complaints LWIOA grant recipient level: Persons who wish to file programmatic complaints have ONE YEAR from the date of the incident or alleged unfair treatment to do so. It is recommended, however, that a complaint be filed within TEN (10) DAYS of the incident/treatment. The Equal Opportunity Officer shall be available to provide assistance to the Complainant WITHIN TEN (10) CALENDAR DAYS of the filing of the complaint, an INFORMAL CONFERENCE will be held to attempt resolution of the complaint. If no resolution is reached, the Complainant will be given written notice of his/her right to REQUEST A HEARING. WITHIN SIXTEEN (16) CALENDAR DAYS from the date the complaint was filed, the Complainant must provide a written REQUEST FOR HEARING. If any amendment(s) to the original complaint are needed, they must also be submitted, in writing, with the REQUEST FOR HEARING. WITHIN THIRTY (30) CALENDAR DAYS of the filing of the complaint, a HEARING WILL BE CONDUCTED. The Complainant and Respondent shall be advised, in writing, of all procedural rights. (i.e., representation, presentation of evidence, witnesses, etc.) WITHIN SIXTY (60) CALENDAR DAYS of the filing of the complaint, a written decision shall be rendered by the Hearing Officer. The decision shall be mailed to the parties (Complainant and Respondent) by certified mail, return receipt requested. The decision shall include, but not necessarily be limited to the following: 1) The reason(s) for the decision, 2) A statement as to whether LWIOA complaint procedures have been complied with,

and, 3) Notice of the right to request a review at the State Recipient Level (Ohio Department of Job and Family Services, Bureau of Civil Rights) when any party disagrees with any aspect of the local Hearing Officer's decision. State Recipient Level Review: Any party has TEN (10) CALENDAR DAYS from the date of receipt of the local Hearing Officer's decision or FIFTEEN (15) CALENDAR DAYS from the date on which the decision should have been received to request a review with the Ohio Department of Job and Family Services' Bureau of Civil Rights, 150 E. Gay Street, 18th floor, Columbus, Ohio 43215-3130. The Bureau of Civil Rights reviewer may uphold the local level decision, in whole or in part, or may provide a hearing and final written decision within THIRTY (30) CALENDAR DAYS of the date of receipt of the request for review. Pursuant to the WIOA regulations, this decision exhausts administrative remedies at the State Recipient Level. If the results of the State Recipient Level Review have not been provided to both parties within THIRTY (30) CALENDAR DAYS of the request for review, or if either party is dissatisfied with the results of the review, a complaint may be filed with the Secretary, U. S. Department of Labor, Washington, DC 20210, ATTN: Assistant Secretary for Employment and Training (ASET).

DISCRIMINATION COMPLAINTS Any person who believes that he/she has been subjected to unlawful discrimination may file a complaint. It is unlawful for WIOA-funded programs to discriminate against any person or class of individuals because of race, color, religion, national origin., sex, political affiliation or belief, age, disability or (for beneficiaries only) citizenship status, as a lawfully admitted immigrant, authorized to work in the United States. It is also unlawful to discriminate against individuals on the basis of their WIOA participant status. A complaint must be filed within 180 DAYS of any alleged discriminatory act or treatment. Only the Director of the USDOL Civil Rights Center, for good cause shown, may extend the filing time limit. Discrimination complaints may be filed in the following ways: A complaint may be filed with the Ohio Department of Job and Family Services' Bureau of Civil Rights. The Bureau is located at 150 East Gay Street, 18th floor, Columbus, Ohio 43215-3130, toll-free phone: 1-866-BCR-ODJF (227-6353). BCR will conduct an investigation of the complaint and issue its Notice of Final Action within NINETY (90) DAYS of receipt of the complaint, with applicable appeal rights. The LWIOA Equal Opportunity Officer shall provide assistance to the Complainant, as needed. Or a complaint may be filed directly with the U. S. Department of Labor, Civil Rights Center. CRC is located at 200 Constitution Avenue, N. W., Room N-4123, Washington, DC, 20210. Their phone number is: (202) 693-6500. If the Complainant chooses the federal process, the complaint is to be sent directly to the Civil Rights Center. Complainants shall be offered a choice of having their allegations addressed through the customary investigative process or through Alternative Dispute Resolution (ADR). More information on this is available from the ODJFS Bureau of Civil Rights.

FRAUD, ABUSE OR CRIMINAL ACTIVITY. All information and/or complaints alleging program fraud, abuse or criminal activity are reported directly and immediately to the U. S. Department of Labor, Office of Inspector General, Room S5514, 200 Constitution Avenue N. Washington, DC, 20210. The OIG Hotline phone number is: 1-800-347-3756.

EQUAL OPPORTUNITY IS THE LAW. It is against the law for this recipient to discriminate on the following bases: 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 financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her 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-financially assisted program or activity. Providing opportunities in, or treating any person with regard to, such 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 Experienced Discrimination. If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose) or the Director, Civil Rights Center (CRC), U. S. Department of Labor,

200 Constitution Avenue, NW, Room N-4123, Washington, DC 20210. If file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (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 CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you file 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. If you have questions regarding your rights, you may contact your local Equal Opportunity Officer or the ODJFS Bureau of Civil Rights.

Commitment to Service:

I have reviewed and understand the Commitment to Service information.

OMJ Lake County is committed to making your visit with us the best experience possible. We have established policies and procedures regarding membership responsibilities and your right to file a grievance. Member Responsibilities: All Members are asked to provide complete and accurate information to OMJ Lake County in order to receive the best service possible. OMJ Lake County expects Members to follow their plan for employment or program in consultation with OMJ Lake County staff. Members are expected to participate in all classes, meetings, appointments and workshops free from the influences of alcohol or other legal or illegal drug use and impairment. Members are expected to keep appointments or give notice as early as possible if unable to attend. Course-related Grievance: Members with grievances related to course outcomes, conduct of classes or other course matters should address those complaints first with the instructor of the course. If the member is not satisfied with the resolution, the Member may take their grievance to the Site Manager. General Grievance: Members with grievances related to OMJ Lake County staff or other members should first address their issues directly with the individual. If the member is not satisfied, the grievance can then be taken to the Site Manager. Personal Appearance and Hygiene: Members should always look their best, as exposure to employers, government officials, and networking possibilities are part of the everyday activities. Because we attempt to maintain a professional atmosphere, inappropriate dress, such as clothing that includes offensive logos, beach attire, etc., are not permitted. In addition to dressing appropriately, personal hygiene is important. Members with offensive body odor, strong fragrances, or hygiene that disrupts services may be asked to leave. Members who have repeat occurrences of such behaviors will not be tolerated and will be subject to sanctions, up to and including suspension and/or termination from any OMJ Lake County site or removal from a program. Children at the Site: Young children under the age of 18 must be accompanied and supervised at all times. OMJ Lake County staff has the right to request that Members immediately retrieve their children when left unattended. In addition, the Site Manager has the right to contact child welfare authorities if needed. Children under the age of 18 are not permitted to attend any group workshop or individual session. OMJ Lake County staff has the right to ask Members to leave the workshop or session if their children accompany them to these types of activities. Inappropriate Behavior: OMJ Lake County sites offer a business environment. It is important for Members to maintain a level of professionalism at all times. All activities at the site are related to job search and career planning. Therefore, all equipment, computers and the Internet are to be used for job search and career planning purposes only. In addition, sleeping in any part of an OMJ Lake County site is prohibited. Inappropriate behavior that causes undue disruption to staff and other members will not be tolerated and will be subject to sanctions, up to and including suspension and/or termination from any OMJ Lake County site or removal from a program. Discrimination: Members who believe they have been subject to discrimination on the basis of race, color, sex, religion, national origin, age, or disability should contact the Site Manager. Sexual Harassment: Members who believe they have

been subject to sexual harassment should contact the Site Manager. Sexual harassment includes unwanted sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Verbal harassment may include name-calling, sexual or racial slurs and epithets, jokes or other remarks that demean the victim and/or discourage the individual's full participation at the site. Physical harassment occurs when a person's body, possessions, or residence are threatened or violated. Other forms of intimidation may also violate this policy. Such behavior will not be tolerated and will be subject to sanctions, up to and including suspension and/or termination from any OMJ Lake County site or removal from a program. Grievance Procedure: All grievances made to the Site Manager must be in writing within 180 days of the alleged violation. The Site Manager or their designee will respond to the grievance within 10 business days. General questions about the grievance procedures may be directed to the OMJ Lake County Site Manager at (440) 350-4228. Members also have the right to file directly with the Civil Rights Center of the U.S. Department of Labor if any of the following conditions apply: A response was not given within the established time frame. The grievance involves fraud, abuse or other criminal activity. The complaint involves discrimination. Grievances that meet any of the above conditions may be forwarded to the Department of Labor at the following address: Director Civil Rights Center (CRC) U.S. Department of Labor 200 Constitution Avenue, N. W. Room N-4123 Washington, DC 20210.

I agree the OMJ Lake County Staff may provide my professional information to employers.

Type Initials or Name Here:

I agree that upon request I will provide OMJ Lake County with information regarding any employment obtained and this information may be verified with my employer. This information will include, but is not limited to, employer information, job title, start date, wages, benefits and termination date, if applicable.

Type Initials or Name Here:

I agree that the OMJ Lake County Staff may exchange and disclose my professional information in order to make determinations of my eligibility for benefits and/or services provided by programs under the partner agencies

Type Initials or Name Here:

I attest that the information stated above is true and accurate and understand that if the above information is misrepresented, it will be grounds for immediate termination/disqualification from all organizations and agencies utilizing this information

Type Initials or Name Here:

Valid Photo ID, Social Security Number and Birth Certificate:

Prior to your resume being submitted to an employer, upon request, you will be required to provide OMJ Lake County with either a copy of your Driver's License, Federal or State ID, Passport, Birth Certificate or a copy of a government document containing your Social Security Number. This can be an SSN Card, W-2 form, DD-214, Unemployment or any Public Assistance Documents.

At this time you may scan and email these documents or deliver it to an OMJ Lake County location.

Are the scanned documents attached to the email? Yes No

Resumes: Please attach only .DOC, DOCX, .RTF and .PDF files only.

Is your resume attached to the email? Yes No

Today's Date: