
Basic Skills and Education

- Are you a student? _____ Yes _____ No

IF YOU ARE A STUDENT:

- What level of school? _____ Middle School (6th – 8th) _____ High School (9th – 12th)
_____ Other (Alternative School, Vocational School or College Level)
- Are you home schooled? _____ Yes _____ No
- School name: _____
- Do you have: _____
- Current grade: _____

If so, please enclose a copy with your application.

- An Individual Education Plan? _____ Yes _____ No
- An Individual Career Plan? _____ Yes _____ No
- A Career Passport? _____ Yes _____ No

IF YOU ARE NOT A STUDENT:

- Did you graduate from high school? _____ Yes _____ No
 - School name _____
 - Month/year of graduation _____
- If you did not graduate:
 - Last grade you completed: _____
 - Month/year when you left school: _____
 - Name and city of last school you attended: _____
 - Why did you leave your previous school? _____
- Are you enrolled in classes to get your GED? _____ Yes _____ No
 - Where are you attending a GED program? _____
 - Month/year started GED classes or program: _____
 - When do you plan to take the GED test? _____

(If you are not a student now, answer the following questions based on when you were in school.)

- What is your best subject in school? _____
- What did you enjoy about that subject? _____
- What is your weakest subject in school? _____
- What did you not enjoy about this subject? _____
- Have you ever taken the **TABE**? _____ Yes _____ No
- Were you Basic Skills Proficient? _____ Yes _____ No
- Are you required to take the Ohio Graduation Test (OGT)? _____ Yes _____ No

- If you have passed any of the sections of the Ohio Graduation Test, enter the month and year when you passed that particular section:

* Writing _____ * Citizenship _____ * Science _____
* Reading _____ * Math _____

- Do you plan to go to college? _____ Yes _____ No

If "Yes":

- Where would you like to enroll and attend? _____
- What degree do you plan to pursue (associates, bachelors)? _____
- What will you potentially major in? _____
- Why are you interested in this field? Please Explain: _____

-OR-

- Do you plan to enroll in a Secondary Education training or vocational program in the future? _____ Yes _____ No

If "Yes":

- School name _____
- Type of program _____
- Month/year when you plan to start program _____

- Are you in any special academic classes at your school or receiving special assistance? _____ Yes _____ No

If "Yes", please explain:

Occupational Skills and Employability

- Have you ever held a job or have any type of work experience? _____ Yes _____ No
- Have you ever received training for a job or work readiness assistance? If so please explain: _____

- Have you worked in a Summer Youth Program or been involved in a Year Round Youth Program? _____ Yes _____ No
If “Yes”, please explain your experience: _____

- Have you ever quit or been terminated from a job? _____ Yes _____ No
If “Yes”, why? _____

- What job do you want as your long-term career? _____
- Why do you want that career? _____

- What do you consider are your strengths? _____

- What would you consider are your weaknesses? _____

- Have you ever done any of the following things?
 - Filled out a job application? _____ Yes _____ No
 - Written a resume? _____ Yes _____ No
 - Written a cover letter to send to an employer with your resume? _____ Yes _____ No
 - Gone on a job interview? _____ Yes _____ No
 - Have you ever used a computer or other office equipment? _____ Yes _____ No
 - Please list all computer skills or certifications: _____

Work History

If you are working or *have* worked in the past, complete the work history section below.

(List Most Recent Job First - Include Summer Youth Program Jobs)

Job #1

Employer Name _____

Employer Address _____

Job Title _____ Supervisor's Name _____

Job Duties _____

Hours per Week _____ Pay Rate _____

Start Date (month and year) _____ End Date (month and year) _____

Reason for Leaving _____

What I Liked Most About This Job: _____

What I Liked Least About This Job: _____

Job #2

Employer Name _____

Employer Address _____

Job Title _____ Supervisor's Name _____

Job Duties _____

Hours per Week _____ Pay Rate _____

Start Date (month and year) _____ End Date (month and year) _____

Reason for Leaving _____

What I Liked Most About This Job: _____

What I Liked Least About This Job: _____

Interests and Aptitudes

- Do you enjoy being around people or prefer being alone? _____
- What extracurricular activities or clubs are you involved in? _____

- What are your hobbies? _____

- What do you consider yourself good at? _____
- Are you artistic or creative? Please explain: _____

- Do you like mathematics? _____ Yes _____ No
- Do you like to read? _____ Yes _____ No
- Do you like to write? _____ Yes _____ No
- Do you play a musical instrument? _____ Yes _____ No
Please List: _____
- Do you consider yourself to be a leader or have leadership qualities? _____ Yes _____ No
- If, in the future, you could do or be anything, what would it be or what would you do? _____

- Do you have a goal in life? _____ Yes _____ No
If "Yes", explain your goal: _____

- How do you plan to meet this goal? _____

- Is there anything in your life right now that is preventing you from meeting this goal? _____ Yes _____ No
If "Yes", what is it? _____

Supportive Services Information

Answers to these questions will help Lake County ETD help you. The information on this page is confidential and will only be seen by the Lake County Employment Counselor staff. This information will not be released to other agencies unless you/your parent sign a written release form.

- Do you have a physical, mental, or emotional condition that affects your ability to work, hold a job, or go to school (this includes learning disabilities)? _____ Yes _____ No

If "Yes", please explain:

- What is the condition? _____
- What limitations, if any, are there on the kind of work you can do? _____

- Is the disability (check one): _____ Total _____ Partial

- Is the disability (check one): _____ Temporary _____ Permanent

- What medications, if any, do you take that could interfere with work or school? _____

- Do you have a treatment schedule that could interfere with work or school? _____ Yes _____ No

If "Yes", please explain: _____

- Do you wish to request any accommodation(s) for your condition? _____ Yes _____ No

If "Yes", please explain: _____

- Do you now, or have you ever had, problems with alcohol or drugs? _____ Yes _____ No

If "Yes", did you receive, or are you receiving, treatment? _____ Yes _____ No

- Do you have any problem with getting medical care? _____ Yes _____ No

- Do you receive services from any of the following agencies? If so, please name your contact person at the agency:

- Catholic Charities _____
- Crossroads _____
- Lake County Dept. of Job & Family Services _____
- Lake County MR/DD Board _____
- Neighboring _____
- Pathways _____
- Ohio Rehabilitation Services, Bureau of Vocational Rehabilitation _____
- Other service agency (name?) _____

- Do you want more information about social/human services available in Lake County? _____ Yes _____ No

- Are you pregnant, or do you have a pregnant partner? _____ Yes _____ No

- Do you have children of your own living with you? _____ Yes _____ No

If "Yes":

- How many children and what are their ages? _____

- Who presently cares, or will care, for your child(ren) when you are at work or school? _____

- Will you need to pay for a sitter or day care to work or attend school? _____ Yes _____ No

- Are you the parent of children who live in another household? _____ Yes _____ No

If "Yes" How many children and what are their ages? _____

- Who do you (and your children, if applicable) live with?

_____ Two parents, or parent and stepparent _____ Friend(s) or partner

_____ One parent _____ Foster family

_____ Other relative(s) _____ Group home

_____ Spouse _____ Live alone

_____ Other (please explain): _____

- Have you lived in the same place for the past year? _____ Yes _____ No

- Is having a place to live a problem for you? _____ Yes _____ No

- Does your household get help from the Lake Metropolitan Housing Authority? _____ Yes _____ No

- What transportation do you have to get to work or other locations?

_____ Drive yourself _____ Walk _____ LakeTran/other public transportation

_____ Family/friends will drive _____ Bicycle

- Do you have a driver's license? _____ Yes _____ No

- Do you have a reliable car, or access to one? _____ Yes _____ No

- Have you ever ridden LakeTran? _____ Yes _____ No

- Have you ever been to Juvenile Court? _____ Yes _____ No

If "Yes", for what charge(s)? _____

- Were you convicted? _____ Yes _____ No

- Have you ever been charged or convicted in court with a crime as an adult? _____ Yes _____ No

If "Yes", for what charge(s)? _____

- Have you ever spent time in a juvenile detention center or a jail? _____ Yes _____ No

- Are you on probation now? _____ Yes _____ No

If "Yes", what are the names of the court and your probation officer? _____

- Do you have a pending court date? _____ Yes _____ No

Developmental Needs

- | | YES | NO | SOMEWHAT |
|---|-------|-------|----------|
| • COMMUNICATION: | | | |
| I have people who I consider friends | _____ | _____ | _____ |
| I know how to ask for help if I need it | _____ | _____ | _____ |
| I know how to communicate with others appropriately | _____ | _____ | _____ |
| I have volunteered or participated in community service | _____ | _____ | _____ |

- | | YES | NO | SOMEWHAT |
|--|-------|-------|----------|
| • LIVING: | | | |
| I can make a meal for myself | _____ | _____ | _____ |
| I know how to keep my room or house clean | _____ | _____ | _____ |
| I can get myself up in the morning | _____ | _____ | _____ |
| I know how to write a check | _____ | _____ | _____ |
| I know how to read a utility bill | _____ | _____ | _____ |
| I know how to create a budget | _____ | _____ | _____ |
| I know how to use emergency services (ie. 911) | _____ | _____ | _____ |
| I know my social security number and the location of my card | _____ | _____ | _____ |
| I know where my birth certificate is located | _____ | _____ | _____ |

- | | YES | NO | SOMEWHAT |
|---|-------|-------|----------|
| • HEALTH: | | | |
| I know how to prevent pregnancy | _____ | _____ | _____ |
| I have a family doctor or dentist | _____ | _____ | _____ |
| I understand the effects of drugs and alcohol on the body | _____ | _____ | _____ |
| I refrain from being in violent or abusive relationships | _____ | _____ | _____ |

- | | YES | NO | SOMEWHAT |
|---|-------|-------|----------|
| • CITIZENSHIP: | | | |
| I am a registered voter | _____ | _____ | _____ |
| I passed the social studies section of the OGT | _____ | _____ | _____ |
| I know where my voting/poll location is | _____ | _____ | _____ |
| I can name the current President of the United States | _____ | _____ | _____ |

- Please list, describe, or explain anything else that can help us assist you and your needs:**
- _____
- _____
- _____
- _____

Eligibility

Please answer all questions to the best of your ability. Consult with a parent or legal guardian, if necessary.

The eligibility determination period is six months prior to application. You must submit photocopies of proof of all income (earned and unearned) for all family members (related to you by blood or marriage) in the household for that six-month period. "Family" means:

- Husband, wife, and dependent children
 - Parent and dependent children
 - Husband and wife
- You must also provide photocopies of the following:
 - Proof of residency
 - Proof of citizenship / birth date
 - Proof of Social Security Number
 - If a foster child, proof of foster child status
 - If a school dropout, proof of official withdrawal from school
 - If pregnant or parenting, proof of pregnant/parenting status

A list with examples of acceptable documentation is attached.

Youth acknowledging a disability need to have a Disability Certification Form completed by a certifying official at the school, agency, or practice that is able to document the disability. A copy of this form is attached (page 11).

- Does your family receive cash welfare - OWF? _____ Yes _____ No
- Does your family receive food stamps? _____ Yes _____ No
- Are you a United States citizen or a resident alien authorized to work in the United States? _____ Yes _____ No
- (For males age 18 and over) Are you registered with the Selective Service (DRAFT)? _____ Yes _____ No

Please list each family member living in your household during the past six months and their income:

Name	Relationship to You	Gross Weekly Income	Income Source

I certify to the best of my knowledge the information given to complete this application is accurate and true. I also understand that providing this information does not guarantee my participation in the WIOA youth program.

Customer Signature: _____ **Date:** _____

Parent/Guardian (if under 18): _____ **Date:** _____

General Eligibility Documentation

Proof of Residency:

- Current utility bill
- Current piece of mail with cancelled postmark
- Current rent receipt, if address is written on receipt
- Current TANF medical card

Proof of Citizenship:

- (For in-school youth under 18 years of age who have no photo ID) Current year report card
- (For youth 18 years of age and older) A photo ID card

Proof of Birth Date:

- Birth certificate
- Baptismal certificate with date and place of birth entered
- Hospital record
- Passport

Proof of Social Security Number

- Social Security card or letter of verification from Social Security office

Proof of Household Income (for all applicable income sources):

- Current pay stubs for all family members who are working
- Statement of gross wages from employer
- Unemployment compensation verification form showing benefit amount
- Public assistance records (acceptance letter or computer printout)
- Social Security statement or printout showing Social Security income
- (Only if no income and family lives off savings) Savings passbooks or bank statements

Proof of Foster Child Status:

- Court documentation
- Written statement from local or state agency
- Current medical card

Proof of Dropout Status:

- Official withdrawal slip

Proof of Pregnant/Parenting Status:

- Child's birth certificate
- Statement from social services agency
- Medical card

**LAKE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
LAKE COUNTY EMPLOYMENT AND TRAINING DIVISION
DISABILITY CERTIFICATION**

I hereby give _____ permission to complete the disability certification below and release the certification to the Lake County Employment and Training Division (ETD). I understand that Lake County ETD will use this information solely for the purpose of determining eligibility for the Workforce Investment Act, and for related record keeping and affirmative action requirements.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

THE FOLLOWING TO BE COMPLETED BY CERTIFYING PROFESSIONAL

I hereby certify that _____ is an individual who has a physical or mental impairment which substantially limits one or more of such person's major life activities; has a record of such impairment; or is regarded as having such an impairment; which for such individual constitutes or results in a substantial handicap to employment, as determined in accordance with the "Definitions of Key Terms" below. I further certify that the applicant's disability can be substantiated by records maintained by this agency/practice/school.

Signature

Title

Name of Agency/School (if applicable)

Date

DEFINITIONS OF KEY TERMS

Physical or Mental Impairment: Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine; OR any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities. Includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular illness; specific learning disabilities; HIV disease (whether symptomatic or asymptomatic); tuberculosis; drug addiction and alcoholism if currently in recovery.

Major Life Functions: Functions such as caring for one's self; performing manual tasks; walking; seeing; hearing; speaking; breathing; learning; and working.

Substantial Handicap to Employment: A loss of occupational choices of a class or group of jobs due to the disability; i.e., significant diminishment of occupational choices.