



Wayne County

A proud partner of the American Job Center network

Application for Occupational Skill Training

Name: _____

Date of Application: _____

Please submit the following documentation with your completed Occupational Skill Training Application:

<input type="checkbox"/> Driver's License or State ID	<input type="checkbox"/> Birth Certificate, Passport or Greencard
<input type="checkbox"/> Verification of household income for the last 30 days	<input type="checkbox"/> Social Security card
<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Results of your application for financial assistance (Grants & Scholarships)
<input type="checkbox"/> Printouts/screenshots identified in Step 5 of the application: <ul style="list-style-type: none"> ○ Documentation to support applying to a minimum of 6 jobs ○ Completion of Lifestyle Calculator ○ Posted Resume 	

Submitting a completed Application for Occupational Skill Training **does not** guarantee funding approval. Please explore additional tuition assistance options in the event you do not qualify for funding from OhioMeansJobs Wayne County.

Please submit completed Application for Occupational Skill Training and documentation by mail/drop-off or email.

Mail/Drop-Off:

OhioMeansJobs Wayne County
358 West North Street, Wooster, OH 44691

Email:

WayneCoJobs@jfs.ohio.gov

Office Use Only			Date Application Received (date stamp placed here)
Caseworker Name: _____			
Committee Decision of Application:	Approved	Denied	Date _____
Fiscal Decision of Application:	Approved	Denied	Date _____



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Step 1. Personal Information

Name: (First, Middle, Last)			Social Security Number:			
Address:						
City/State:			Zip Code:		Phone:	
Date of Birth:			Email:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you the spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated (Living in separate household) <input type="checkbox"/> Single						
Check all boxes that apply to your ethnicity & race:		Ethnicity: <input type="checkbox"/> Hispanic or Latino		Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> Other		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			If you are NOT a U.S. Citizen: Do you have a Work Permit from Immigration and Naturalization Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Only Males should answer this question: Have you registered for Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever received funding from Workforce Investment Act or Workforce Innovation and Opportunity Act? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, what was your program of study?				Did you complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you receive or have you received Unemployment Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No When did it begin?						
Have you ever been laid off or let go from an employer through no fault of your own? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						
Do you have a valid Driver’s License? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a current resume? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						
Do you receive public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please mark all that apply: <input type="checkbox"/> OWF (TANF) <input type="checkbox"/> SNAP (Food Assistance) <input type="checkbox"/> Medicaid <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other						
Do you have a disability that you wish to disclose? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						

Step 2. Income Information

Starting with yourself, list each individual family member that lives in the household and income.

Name	Age	Relationship to Applicant	Wage Per Hour	Hours Per Week	Wage Per Month	Income Type
		Self	\$		\$	



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Step 3. Education Information

What is the highest-grade level you have completed?	Do you have a High-School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Attendance:
Name of last or current school attended:	
Program of Study:	
Certificate or Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list what you received:	
Name of school attended before last school:	
Dates of Attendance:	Program of Study:
Certificate or Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list what you received:	

Step 4. Employment Information

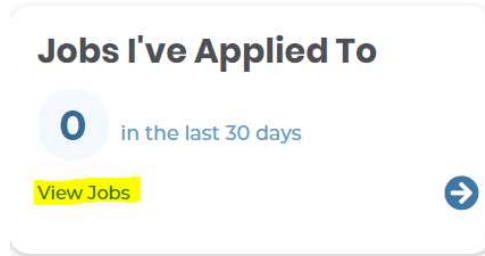
List additional employment history for the last 5-10 years, beginning with your most recent employer:

1.	Name of Employer	Hours per Week
	Duties	
	Position	Rate of Pay
	Start Date	End Date
	Reason for leaving	
2.	Name of Employer	Hours per Week
	Duties	
	Position	Rate of Pay
	Start Date	End Date
	Reason for leaving	
3.	Name of Employer	Hours per Week
	Duties	
	Position	Rate of Pay
	Start Date	End Date
	Reason for leaving	
Please describe any significant employment or skills not listed above:		

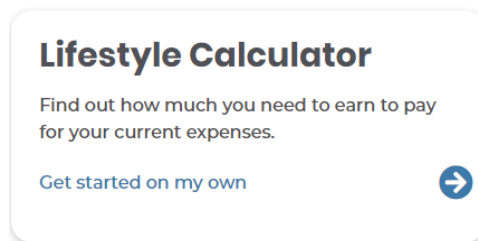
Step 5. OhioMeansJobs.com

The goal of OhioMeansJobs Wayne County is for you to obtain self-sufficient employment. Employment should be explored based on current skill set. The next set of activities reflect your employment search.

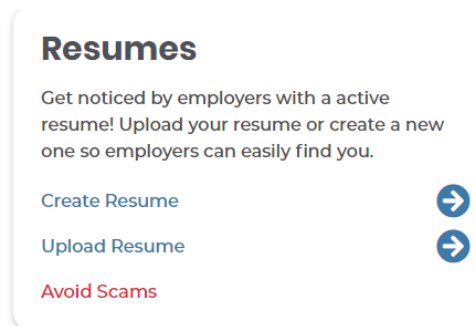
1. Log onto OhioMeansJobs.com and select *My Profile* on the main page (top right corner). Log-in using your username & password, or if you're new to the website please select *Register Here* to create an OhioMeansJobs.com account.
2. While logged into OhioMeansJobs.com account, apply for a minimum of 6 jobs. Select *View Jobs* (see below) and provide a printout of the jobs you've applied to.



3. Complete Lifestyle Calculator.



4. Select *Create Resume* or *Upload Resume* and post a professional resume on OhioMeansJobs.com.



The Resource Room is open Monday-Friday 7:30 A.M. to 4:00 P.M. to assist you with OhioMeansJobs.com activities or writing a professional resume. Appointments are preferred. Please call (330) 264-5060 to schedule an appointment.



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Step 6. Career Planning

Please utilize OhioMeansJobs.com (*Career Skills & Occupation Search*) to complete this section.

1. Why are you interested in this field?

2. What have you found to be the key skills, experience, and education/training requirements for this type of work? Please explain how your skills, experience and training make you a good candidate.

3. What is the entry-level wage/salary for jobs in this field? Please compare the wage/salary to what you learned with the Lifestyle Calculator. What did you learn?

4. Please provide a brief job description, including the primary responsibilities for the kind of work you would be seeking.

5. What is the employment outlook, including projected annual openings, for this type of work in the local job market? What jobs are you qualified for? Please identify the sources used to support employment outlook.



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6. Please answer Yes (Y) or No (N) to the following questions:

_____ I have met with the appropriate staff at the school I plan to attend and understand the school's expectations for behavior, dress, attendance, and academic performance.

_____ I am aware of all prerequisites for the course of study I plan to pursue and have met such requirements.

_____ I have met with the financial aid officer of the school I plan to attend and have completed the FAFSA forms.

_____ I have applied for a Pell Grant.

_____ I have received approval for a Pell Grant of \$ _____ (list amount)

_____ I have applied for a student loan.

_____ I have received approval for a student loan of \$ _____ (list amount)

_____ I have received other grants or scholarships
Name of fund source _____ \$ _____ (list amount)

Step 7. Eligible Training Provider

1. What is the training program you wish to enroll in? _____

2. Which educational provider have you selected? _____

3. What is your planned start date? _____

4. What is the anticipated graduation date? _____

5. Are you planning to attend school full-time or part-time (circle one)?

6. Have you completed any part of the program you wish to study? Yes _____ No _____

If yes, official transcripts, grades and/or midterm grades from the educational provider must be submitted with your completed application.

7. What is the employment placement rate for the training program you selected? (*example: How many individuals who have completed the training program got employed in that field/occupation?*)



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8. What other educational providers offer this training? Please identify cost, start/graduation dates, and placement outcomes (number of graduates who found employment) for each.

9. Please describe why you selected the training program and educational provider?

10. How do you plan to support yourself through the entire duration of training and cover expenses? *(Please provide specifics, whether it's employment, savings, unemployment benefits, etc.)* Please note, this should match *Step 8. Household Budget*.

10. What type of arrangements have you made for childcare while attending training program, if applicable?

11. What means of transportation do you have to get back/forth to the training program and to a job after training?

12. Describe your plan for employment after completing the training program? How will you job search, employers you plan to submit applications to, network, etc.?



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Step 8. Household Budget

Participant Name: _____

Date Completed: _____

<u>MONTHLY INCOME</u>		<u>MONTHLY EXPENSES</u>	
Take home pay (Entire household)		Rent or Mortgage Payment	
Rental Income		Property Taxes	
Interest Income		Home Maintenance	
Dividends		Home Insurance	
Child Support		Telephone	
Alimony		Cable TV	
Unemployment Comp.		Auto Payments	
Ohio Works First		Auto Maintenance	
Food Stamps		Utilities	
Supplemental Security Income		Auto Fuel	
Disability/Worker's Comp.		Parking	
Retirement Income		Food	
Other Income		Medical Insurance	
<u>TOTAL INCOME:</u>		Medical Expenses	
		Child Care	
Savings Account Balance <small>(Exclude IRA or 401K)</small>		Other Loan Payments	
		Child Support	
Checking Account Balance		Alimony	
<u>TOTAL SAVINGS:</u>		Personal	
		College Tuition/Loan	
		Other Expenses	
		<u>TOTAL EXPENSES:</u>	

Comments: _____



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Step 9. Stakeholder Information

Serving immediate family members, close acquaintances, and other stakeholders in the Workforce Innovation and Opportunity Act (WIOA) and/or Temporary Assistance for Needy Families (TANF)

1. Are you a Wayne County one-stop or state employee, an Elected Official, Workforce Development Board Member, or Youth Council Member? Yes No

2. Are you related to a county one-stop or state employee, an Elected Official, Workforce Development Board Member, Youth Council Member, or a close acquaintance of any of the above? Yes No

If yes, state the following:

Name: _____ Relationship to You: _____

Position Held: _____

Signature of Applicant

Date

Signature of parent/guardian if applicant is a minor

Date

Step 10. Equal Employment Opportunity

Equal Employment Opportunity Commission Acknowledgment

All WIOA employees and applicants for training/employment services have a right to file internal complaints of discrimination when based on race, color, religion, sex, national origin, age, disability, and veteran status. Internal EEO complaints must be filed within 30 days from the date of the alleged discrimination. The Bureau of Civil Rights (BCR) will make every effort to complete EEO investigations within 60 days of filing. If a finding of Probable Cause to substantiate the allegation of discrimination is made by BCR and approved by the Director, ODJFS will make the complaint whole through appropriate remedies. Should a complainant disagree with BCR's finding in an EEO investigation, they may appeal for a public hearing before the Equal Employment Opportunity Division of the Ohio Department of Administrative Services. Nondiscrimination provisions of WIOA/TANF are adhered to by recipients of WIOA/TANF funding and their contractors.

I have read and understand my rights according to the information shown above:

Signature of Applicant

Date

Signature of parent/guardian if applicant is a minor

Date

Step 11. Consent of Information

I affirm that the information provided on this form is correct and complete to the best of my knowledge. I also understand that if I become registered in a Workforce Innovation and Opportunity Act (WIOA) and/or Temporary Assistance for Needy Families (TANF) service(s) that I would be involved in follow-up and evaluation activities, am willing to keep staff informed about change of address, phone number or change in employment status, I hereby authorize release of this information to any State Follow-up agency.

I agree to release to and from OhioMeansJobs Wayne County all necessary information regarding WIOA/TANF services to and from agencies and/or other concerns including but not limited to Ohio Department of Job and Family Services, former employers, education institutions, Social Security Administration, a collection of information from future employers and any other public agencies necessary to assist in providing WIOA/TANF services.

Applicant's Signature

Date



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Step 12. Training Provider Visit Form

(Please ask your educational provider to complete Step 12)

WIOA funding cannot be used to fund pre-requisite courses prior to official acceptance into the occupational training program. **Please forward an official transcript or any assessment information along with this form.**

Student Name _____ Social Security # _____

Training Program _____

Expected Award: Associate Degree ___ Bachelor Degree ___ Certificate ___ Other ___

Training Provider _____

Address _____

Tuition costs (including tuition, fees, books, and supplies)

Term Information: Fall/Winter/Spring/Summer

_____ Term	_____ Start Date	_____ End Date	\$ _____	Tuition
			\$ _____	Fees
			\$ _____	Books
			\$ _____	Supplies
_____ Term	_____ Start Date	_____ End Date	\$ _____	Tuition
			\$ _____	Fees
			\$ _____	Books
			\$ _____	Supplies
_____ Term	_____ Start Date	_____ End Date	\$ _____	Tuition
			\$ _____	Fees
			\$ _____	Books
			\$ _____	Supplies
_____ Term	_____ Start Date	_____ End Date	\$ _____	Tuition
			\$ _____	Fees
			\$ _____	Books
			\$ _____	Supplies
_____ Term	_____ Start Date	_____ End Date	\$ _____	Tuition
			\$ _____	Fees
			\$ _____	Books
			\$ _____	Supplies
_____ Term	_____ Start Date	_____ End Date	\$ _____	Tuition
			\$ _____	Fees
			\$ _____	Books
			\$ _____	Supplies

Anticipated completion/graduation date (mth/yr) ____/____

Has the student been officially accepted into desired training program? Yes _____ No _____

If no, anticipated acceptance date ____/____/____

Printed Name of School Official _____

Signature & Title of School Official _____

Telephone _____ Ext. _____ Date ____/____/____

Fax _____ E-Mail _____