



**This is a Workforce Investment Act Application  
and is not used for hiring purposes.**

**PLEASE PRINT CLEARLY**

<p>Last Name <input style="width:95%;" type="text"/></p> <p>First Name <input style="width:95%;" type="text"/></p> <p>Middle Initial <input style="width:95%;" type="text"/></p> <p>Enter Street Address below:</p> <p>Street Address <input style="width:95%;" type="text"/></p> <p>City / State / Zip <input style="width:95%;" type="text"/></p> <p>Home Phone # <input style="width:95%;" type="text"/></p> <p>Cell Phone # <input style="width:95%;" type="text"/></p>	<p>Social Security # <input style="width:95%;" type="text"/></p> <p>Date of Birth <input style="width:40%;" type="text"/> Age: <input style="width:40%;" type="text"/></p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Enter mailing address below, if different:</p> <p>Mailing Address <input style="width:95%;" type="text"/></p> <p>City / State / Zip <input style="width:95%;" type="text"/></p> <p>Message Phone # <input style="width:95%;" type="text"/></p> <p>Email Address <input style="width:95%;" type="text"/></p>
<p>What has been your "usual" (longest continuous) occupation in the last 5 years? _____</p>	

Yes  No Are you a US Citizen?

If no, please provide Alien Documentation #: \_\_\_\_\_

Ethnicity (You may choose more than one)	Military Service
<p><input type="checkbox"/> American Indian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Alaskan Native</p> <p><input type="checkbox"/> Black <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian</p> <p><input type="checkbox"/> Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> Other Asian/Pacific Islanders <input type="checkbox"/> Other Asian <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever served in the Military? Separation date: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Did you serve more than 180 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Campaign Vet?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Disabled Vet?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Are you the spouse of a Veteran?</p>

Education	Concurrent Participation
<p>What is the highest grade you have completed? _____</p> <p>Do you have a HS diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you attending school or training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____</p> <p>Are you receiving a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b>, please enter school year award amount: \$ _____</p> <p>If <b>no</b>, circle current status: Applied but denied; Application pending; App not submitted</p>	<p>Are you enrolled with or receiving services from any of the following?</p> <p><input type="checkbox"/> Adult Ed <input type="checkbox"/> Job Corps <input type="checkbox"/> Farmworker Prgm <input type="checkbox"/> Native American Prgm</p> <p><input type="checkbox"/> Vets WIA Prgm <input type="checkbox"/> Vets DVOP / LVER Prgm <input type="checkbox"/> Trade Adjustment Act</p> <p><input type="checkbox"/> NAFTA-TAA <input type="checkbox"/> Voc Ed. <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Wagner-Peyser <input type="checkbox"/> WtW</p> <p><input type="checkbox"/> Title V <input type="checkbox"/> Community Service Block Grant <input type="checkbox"/> HUD <input type="checkbox"/> Other Non-WIA</p> <p><input type="checkbox"/> Rapid Response <input type="checkbox"/> Rapid Response- Additional Activities <input type="checkbox"/> TANF</p> <p><input type="checkbox"/> Food Stamps Training Prgm <b>Other:</b> <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps <input type="checkbox"/> GA <input type="checkbox"/> RCA</p>

Employment Status	Household Size / Income
<p>Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you recently been laid off / terminated, or received a notice of layoff from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was this a permanent business closure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you eligible for or receiving Unemployment Insurance (UI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you exhausted your UI? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Within the last year, have you been with an employer for more than 3 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you self-employed and recently lost your business due to general economic conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you recently divorced, separated, or widowed from your sole source of support? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Total number in Family</b> (anyone, including yourself, living at home related by blood, marriage or decree of court) _____; <b>Number of children</b> (under 18) _____;</p> <p><b>Family Status:</b> <input type="checkbox"/> Parent in 1 parent family <input type="checkbox"/> Parent in 2 parent family; <input type="checkbox"/> Other family member; <input type="checkbox"/> Not a family member; <input type="checkbox"/> Not reported</p> <p><b>Total Family Income</b> for the previous 6 months: \$ _____</p>
<b>Voluntary Information - For statistical purposes only:</b>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No Are you disabled? If yes, limitations: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you been in an alcohol/substance abuse treatment program in the past 6 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a felony or misdemeanor arrest or conviction record?</p>	

( Please turn over and complete on the back)

**Current or Last Job**

Company Name:	
Street Address:	
City / State / Zip:	
Contact:	
Telephone:	

month / day / year

Start Date:	/ /
End Date:	/ /
Hourly Wage:	
Weekly Hours:	
Job Title:	

**Office Use Only:** *DW qualifying criteria*  Current or Last job listed is a **STOP GAP JOB**  Last job listed is the **JOB OF DISLOCATION**

[Initial] \_\_\_\_\_ I certify that I have received a copy of the **Equal Opportunity/Nondiscrimination** and the **Program Grievance** Policy and Complaint Resolution Procedure. I understand my rights and the process for filing a EO or Program complaint.

[Initial] \_\_\_\_\_ I understand that for employment and/or training purposes, information provided by me on this application, and throughout my program participation, may be shared with appropriate organizations on an as-needed basis, and as allowed by law, including but not limited to EDD, Department of Social Services, Department of Rehabilitation, and other Public/Private entities, including employers. I understand that my information will be kept strictly confidential by these entities. To better serve my needs, I approve the release of information.

My signature indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature of Parent or Guardian (if under 18 years of age): \_\_\_\_\_

**Office Use Only:**

**Interviewer:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Reviewer:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Right to Work:** List A \_\_\_\_\_ or, List B & C \_\_\_\_\_;

**Selective Service Status:**  Yes, Registered  No, Not Registered  Exempt  Not Required

**WIA Program Eligibility:**  Adult  Adult, Low Income  Dislocated  Youth (In-School)  Youth (Out-of-School)  Youth 5% Window

**WIA App #** \_\_\_\_\_  **MIS Entered**

EO/Nondiscrimination & Program Grievance form in file / Staff Initial: \_\_\_\_\_

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

	OR	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
4. Employment Authorization Document that contains a photograph (Form I-766)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		3. School ID card with a photograph
		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		4. Voter's registration card
		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		5. U.S. Military card or draft record
		5. Native American tribal document
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		6. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card
		7. U.S. Coast Guard Merchant Mariner Card
		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document
	<b>For persons under age 18 who are unable to present a document listed above:</b>	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**



## **PROGRAM GRIEVANCE/COMPLAINT PROCEDURE**

As a participant in our program, you have a right to file a complaint about any aspect of the program. Please let us know your concerns, and we will try and resolve them informally. If that does not work, we will help you file a formal complaint by providing written instructions and other assistance you may need. You will be advised of all procedural rights, and you may be represented at your expense by a person(s) of your choice at all levels of the complaint process.

The filing of a formal complaint will be considered a request for a hearing. You will receive a prompt and impartial hearing and the assurance of Federal law that you will be free from restraint, coercion, reprisal or discrimination. You have the right to withdraw your complaint (in writing) at any time before the hearing, or prior to the issuance of a final decision on your complaint.

If for any reason you feel uncomfortable talking to us about your concerns, you may call NoRTEC, our administrative entity, at (530) 892-9600. They will help you with the process.

In summary, the procedure for filing a formal complaint is as follows:

1. Try to resolve the issue informally by talking to us about it.
2. If this does not work, file a formal complaint with us:
  - a. In writing (we will help you with this if you want),
  - b. Within one year of the alleged occurrence (except for allegations of fraud or abuse),
  - c. Signed and dated.
3. You will be heard and given a decision within twenty-five (25) days of the time you first filed your written complaint. Note: You will be notified in writing of the initial hearing 10 days prior to the hearing.
4. If you are not satisfied with our decision, you may appeal to NoRTEC and get their decision within thirty (30) days of the first hearing decision. Note: The filing date of an appeal to NoRTEC must occur within five (5) business days after you receive our decision. You will be notified in writing of the NoRTEC hearing 10 days prior to the hearing.
5. If you disagree with NoRTEC's decision, or if NoRTEC does not act within sixty (60) days from the day you first filed your written complaint, you may request a State hearing with:

Employment Development Department (EDD)  
Attn: Compliance Review Division, MIC-22M  
P.O. Box 826880  
Sacramento, CA 94280-0001

Your request to EDD must be made no later than 10 days after the receipt of NoRTEC's decision, or from the date on which NoRTEC's decision should have been received. The State's decision will be final.

## **Equal Opportunity is the Law**

It is against the law for the Northern Rural & Employment Consortium (NoRTEC), a recipient of federal financial assistance, 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 Investment Act of 1998 (WIA), 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 WIA Title I-financially assisted program or activity.

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

- Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such 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 Experienced Discrimination**

If you think that you have been subjected to unlawful discrimination under a Workforce Investment Act (WIA) 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 Equal Opportunity Officer, Northern Rural Training and Employment Consortium Administrative Entity (NoRTEC AE), 525 Wall Street, Chico, CA, 95928; **or** the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the NoRTEC AE, you must wait either until the NoRTEC AE 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 NoRTEC AE 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 NoRTEC AE to issue the 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 filed your complaint with the NoRTEC AE).

If the NoRTEC AE 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.

### **FOR MORE INFORMATION, OR TO FILE A COMPLAINT, CONTACT:**

Equal Opportunity Officer  
Northern Rural Training & Employment Consortium (AE)  
(530) 892-9600  
English Voice (800) 735-2922  
English TTY (800) 735-2929  
Spanish Voice/TTY (800) 855-3000 (Voz y TTY)  
TTY, CA Relay 7-1-1