

Livingston Workforce Services

APPLICATION

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Emergency Contact Relationship to You: _____

SERVICE NEEDS ASSESSMENT

Please complete the below questionnaire to the best of your ability. Your responses will help us to determine what services may be most beneficial to you.

Basic Eligibility

Have you ever collected Unemployment Benefits?	YES	NO
Do you receive Public Assistance (ex. SNAP, medical card, SSDI)?	YES	NO
If so, what type of Public Assistance? _____		
Did you used to be monetarily supported by someone and no longer are?	YES	NO

Education

What is your highest level of education? _____		
As of today, are you attending school? _____	YES	NO
If so, where? _____		
When do you anticipate graduating? _____		

Work Experience

If you are looking for a new/different job, what type of work are you looking for? _____		
How much money would you like to make in this position? _____		
How many miles would you be willing to travel to make that amount? _____		
Would you be interested in a paid internship?	YES	NO

Workplace Skills

Do you need assistance writing a resume?	YES	NO
Would you be interested in improving your workplace skills?	YES	NO

Parenting and Child Care

Do you have children?		YES	NO
Are you pregnant?	N/A	YES	NO
Do you have child care while working or attending school?	N/A	YES	NO
Do you need help in obtaining or paying for childcare?	N/A	YES	NO
Would access to childcare change your employment situation?	N/A	YES	NO
Do you have access to medical care for your children?	N/A	YES	NO

Transportation

Do you have a valid driver's license?	YES	NO
Do you own a reliable car or have access to one?	YES	NO
Is the vehicle insured?	YES	NO
Are you usually able to find a way to get to places you need to go?	YES	NO

Nourishment Issues

Do you and your family have adequate access to food?	YES	NO
Are you or your child on the free or reduced lunch program?	YES	NO

Legal Issues

Have you ever been arrested or convicted of a crime?	YES	NO
If so what? _____		
Are you on parole or probation?	YES	NO
Please give any other information that you think may be important. _____		

Alcohol and Drug Related Issues

Have you ever been in an alcohol or substance abuse program?	YES	NO
Would you benefit from a treatment program or support group?	YES	NO
Please give any other information that you think may be important. _____		

Health Issues

Do you have any health problems or medical concerns?	YES	NO
Do you receive or have you been referred for mental health services?	YES	NO
Do you (or did you) have an IEP from your high school?	YES	NO
Please give any other information that you think may be important. _____		

Counseling/Support Needs

Do you feel that you could benefit from counseling or a support group?	YES	NO
Please give any other information that you think may be important. _____		

Housing Needs

Do you have a permanent night residence?	YES	NO
Does your housing situation pose any serious health or safety risks?	YES	NO

Financial Literacy

Do you have your own bank account?	YES	NO
Would you benefit from learning more about money management?	YES	NO

Entrepreneurial Education

Are you interested in learning how to start your own business?	YES	NO
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How did you hear about us? _____

WORK HISTORY

Begin with the current or most recent position and list all jobs you have had the last two years.

Employer: _____	
Job Title: _____	
Starting Date: _____	Ending Date: _____
Wage: _____	Hours Per Week: _____
Duties: _____	
Reason for leaving: _____	

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LABOR MARKET RESEARCH

The primary goal of the Workforce Innovation & Opportunity Act Program is to assist customers reach their career goal in preparing them for jobs that are IN DEMAND. As you explore a job or career path, it is important to understand what jobs have the best potential for future growth and employment. By reviewing **Labor Market Information (LMI)** you can find out what the expected number of job openings are for a career field, how much a job pays as well as pertinent information related to the occupation.

Follow the instructions below and research LMI data for your desired occupation

1. <https://ilcis.intocareers.org/>
2. Click on IL Resident
3. Click on CIS Job Seeker
4. Login using your city and zip code
5. Hover over the Occupations tab and then click on Occupations
6. Search for and then click on your desired occupation
7. Complete the blanks using the Kankakee-Morris-Pontiac area

Occupational Choice: _____

Wages (Median): _____

Employment and Outlook: Employment: _____ % Growth: _____ Openings: _____

Working Conditions (hours or travel): _____

Skills and Abilities: _____

Physical Demands: _____

Preparation: _____

Licensing/Certifications (if applicable): _____

Essential Employability Skills Self-Evaluation

Please tell us how you feel your skills are related to the following:

CATEGORY	SELECT ONE OF THESE CHOICES			
	Not Really	A Little / Some	I think so / Most of the time	Yes to all / Almost Always
COMPUTER/DIGITAL LITERACY – I can operate a computer, search the internet, send/receive emails, and use computer software				
ATTENDANCE & DEPENDABILITY – I have good attendance at school/work. I am on-time. I meet assignment deadlines.				
SELF-PRESENTATION – I take pride in my personal hygiene. I know how to dress according to school/work guidelines.				
COMMUNICATION SKILLS – I listen to others and consider their opinions and viewpoints. I speak clearly. I understand and follow directions.				
INDEPENDENCE AND INITIATIVE – I try to go above and beyond on school/work goals. I look for extra tasks when mine are complete.				
TEAMWORK – I work well with others. I ask questions of my work group. I try to help the group work smoothly.				
POSITIVE ATTITUDE – My school/work attitude is positive. I am polite with others around me. I am flexible to change.				
PROBLEM SOLVING & CRITICAL THINKING – I make good decisions. I can solve problems.				
WORK ETHIC – I treat other people and property with honesty, fairness, and respect. I accept responsibility for my decisions and actions.				
QUALITY OF WORK – I know my school/company goals. I work toward the goals by reviewing my work and using feedback I receive.				

DEMOGRAPHIC INFORMATION

*used for reporting purposes

Veteran: Yes No Prefer Not to Answer
Disability: Yes No Prefer Not to Answer
Gender at Birth: Male Female Prefer Not to Answer

Race: American Indian
 Asian
 Black
 Hawaiian or Pacific Island
 White
 Hispanic or Latino
 Prefer Not to Answer

Family Type: Single
 Family of 2-no children
 Parent in a 1 parent family
 Parent in a 2 parent family
 Prefer Not to Answer

Contact us at livingstonworkforceservices@gmail.com or 309-268-8280 to set up an appointment to

- turn in your completed application
- provide copies of authorization to work in the US (driver's license and social security card)
- take a basic reading and math test (45 min max)

Applications are due by Tuesday March 15, 2022. Applicants will be notified if awarded our scholarship by Tuesday March 22, 2022.

*You **will not** be awarded our scholarship if this application is incomplete. Completion of this application is **not** a guarantee you will receive funds. Scholarships are awarded based on availability and suitability.*

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