



WIOA Application Submission Checklist

Please confirm that you have each of the following items before submitting application for review.

✓	Document Name
	CalJobs Registration Form
	Youth Addendum
	Medical Consent And Emergency Information
	Authorization for Release of Confidential Information
	Color copy of Identification Card (School or CA)
	Color copy of Social Security Card or Original Birth Certificate
	Most Recent school Transcript

You can submit application:

In-person: Paper application can be submitted at Belle Coolidge Community Center (5699 S. Land Park Drive Sacramento CA, 95822) between 9:30am - 4:30pm.*

Electronically: You can email application to WIOA@cityofsacramento.org

*if you need to drop off documents outside of these times please call (916) 508-6624 and a time can be coordinated.

CalJOBS Registration (WIOA)

YOUTH

LOGIN INFORMATION

Create a User Name:

Create a Password:

User Name: 3-20 Letters or numbers, no spaces

Password (8 - 20 characters, and must include at least one uppercase letter, one lowercase letter, one number and one special character. Allowable characters are (!), (@), (#), (\$), (%), (^), (*), (.), (,), (_))

Please choose a Security Question:

☐ What's your mother's maiden name?

☐ What is your pet's name?

☐ What was the name of your first school?

☐ Who was your childhood hero?

☐ What is your favorite pastime?

☐ What is your all-time favorite sports team?

☐ What is your father's middle name?

☐ What was your high school mascot?

☐ What make was your first car or bike?

☐ Where did you first meet your spouse?

☐ Where were you born?

Security Question Response:

Social Security Number:

Country:

Residential Zip Code:

Are you authorized to work in the United States?

☐ Yes ☐ No

Primary E-Mail Address:

DEMOGRAPHIC INFORMATION

Date of Birth:

Age:

Gender:

☐ Male

☐ Female

Have you registered with the Selective Service?

☐ Yes

☐ No

☐ Documented exemption from registration

☐ Not applicable

Name, Address and Contact Information:

First Name:

Last Name:

Residential Street Address:

City:

State:

Zip:

Is your Mailing Address the same as your Residential Address? ☐ Yes ☐ No

If yes, select the "Use residential address" checkbox. If no, please complete the Mailing Address Section below.

Mailing Address:

Street:

City:

State:

Zip:

Primary Phone Number:

Phone Number Type: ☐ Cell Phone ☐ Relatives ☐ Work ☐ Not Identified ☐ Home ☐ Other

Preferred Notification Method: ☐ Internal Message (CalJOBS account) ☐ Email ☐ Internal Message w/E-Mail

☐ Text Message (if available) ☐ Text Message Notification (if available)

Site Access (Where will you be accessing CalJOBS?): ☐ Work ☐ Home ☐ Library ☐ One Stop Center

☐ School ☐ College ☐ Community Center ☐ Job Fair ☐ Place of Worship ☐ Military Location

☐ Correctional Facility ☐ Youth Center ☐ Smart Phone/PDA?? ☐ Other _____

How did you hear about this website: ☐ Another Website ☐ Business Colleague ☐ Friend ☐ Job Fair ☐ Workforce Partner ☐ Magazine Ad ☐ Radio Ad ☐ Television Ad ☐ Trade Show/Conference ☐ Attended Rapid Response ☐ Career Coach Mobile Facility ☐ Other

Citizenship Status:

☐ Citizen of U.S or U.S. Territory ☐ U.S. Permanent Resident ☐ Alien/Refugee Lawfully Admitted to the U.S.

☐ None of the above

If a U.S. Permanent Resident or an Alien/Refugee lawfully admitted to the U.S., please provide your:

USCIS (Alien Registration) Number: _____ USCIS (Alien Registration) Expiration Date: _____

Providing this information is optional and refusal to provide disability information will not subject you to any adverse treatment. Information regarding your disability status will be kept confidential as provided by law and will be used only in accordance with the law. Please note that for some programs, the information is needed to determine eligibility. Note too that you may be eligible for additional support services and programs if you have a disability.

Do you have a disability? ☐ Yes ☐ No ☐ I do not wish to answer

If yes, please answer the following questions

Are you deaf or do you have serious difficulty hearing?

☐ Yes ☐ No ☐ Not Specified

Are you blind or do you have serious difficulty seeing even when wearing glasses?

☐ Yes ☐ No ☐ Not Specified

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

☐ Yes ☐ No ☐ Not Specified

Do you have serious difficulty walking or climbing stairs?

☐ Yes ☐ No ☐ Not Specified

Do you have difficulty dressing or bathing?

☐ Yes ☐ No ☐ Not Specified

EDUCATIONAL INFORMATION

Your Highest Education Level Achieved:

- ☐ If less than High School graduate, number of grades completed: _____ ☐ 12th Grade completed & did not receive diploma or equivalent ☐ Certificate of Attendance/Completion (Disabled Individuals) ☐ High School Equivalency Diploma (GED)
- ☐ High School Diploma ☐ Vocational School Certificate ☐ College or a Technical or Vocational School, Years completed: _____
- ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate Degree

Are you attending school?

- ☐ Yes, attending High School, Junior High, Middle or Elementary School ☐ Yes, attending an Alternative High School
- ☐ Yes, attending College, Technical or Vocational school ☐ No, not attending any school

EMPLOYMENT INFORMATION

Current Employment Status: ☐ Working Full-time ☐ Working Part-time ☐ Not Working ☐ Never Worked ☐ Other

Type of business last worked in (choose 1 only):

- ☐ Private Business ☐ Local Government ☐ Federal Government ☐ Non-profit ☐ Higher Education ☐ State Government
- ☐ Education K-12 ☐ Have never worked ☐ Other

Unemployment Eligibility Status?

- ☐ Claimant ☐ Exhaustee ☐ Neither Claimant nor Exhaustee

Are you currently looking for work? ☐ Yes ☐ No

Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service? ☐ Yes ☐ No If Yes, date of Layoff or Military Separation: _____

The following questions do not pertain to work performed on a family farm, ranch, beekeeping, food processing or food manufacturing operation owned by yourself or close relatives.

Have you worked as a farmworker in the last 12 months? ☐ Yes ☐ No

Have you been employed the past 12 months in Farm work of a seasonal or temporary nature? ☐ Yes ☐ No

Have you traveled to the job site and are not reasonably able to return to your permanent residence within the same day?

☐ Yes ☐ No

Are you a full-time student? ☐ Yes ☐ No

Are you traveling with your family? ☐ Yes ☐ No

Are you traveling with an organized Group? ☐ Yes ☐ No

What is your desired job title? _____

Please select the occupation that best matches your job title. You may either select from the Suggested Occupations drop-down list, which is populated based on the job title above, or you can search for an occupation using the search link.

What is the occupation that best matches your selected job title? _____

ETHNIC ORIGIN

Are you of Hispanic or Latino heritage? ☐ Yes ☐ No ☐ I do not wish to answer

Race

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> African American/Black | Asian (cont.)
<input type="checkbox"/> Chinese | Asian (cont.)
<input type="checkbox"/> Japanese | <input type="checkbox"/> Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Thai | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Filipino | <input type="checkbox"/> Micronesian |
| <input type="checkbox"/> Napalese | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Marshallese |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Sikkimese | | <input type="checkbox"/> Other Pacific Islander |
| | | | <input type="checkbox"/> White |
| | | | <input type="checkbox"/> I do not wish to answer |

Do you primarily speak a language other than English? ☐ Yes ☐ No

MILITARY SERVICE

Are you currently in the military, a veteran, or the spouse of a veteran? ☐ Yes ☐ No

(if yes, answer the Military/Veteran Attachment questions)

PUBLIC ASSISTANCE

Please provide answers to the following questions if any apply within the last 6 months.

- | | | |
|---|------------------------------|-----------------------------|
| Has your household received Temporary Assistance for Needy Families (TANF) payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been determined eligible for or received Supplemental Nutritional Assistance Programs Assistance (SNAP formerly known as Food Stamps)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you received General Assistance Payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you received Refugee Cash Assistance Payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been supported through the State's Foster Care System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, total number of individuals in household _____

total income within the last 6 months _____

Military/Veteran Attachment

Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?

☐ Yes ☐ No

Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?

☐ Yes ☐ No

Are you currently in the military, a veteran or the spouse of a veteran?

If yes, answer questions 1-4 below

☐ Yes ☐ No

Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated?

☐ Yes ☐ No

1. Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? (If yes, answer Transitioning Service Members section below) ☐ Yes ☐ No
2. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? (If yes, answer Veteran Information section below) ☐ Yes ☐ No
3. Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? (If yes, answer Veteran Information section below) ☐ Yes ☐ No
4. Are you now or have you served in a National Guard or Reserve unit that was called to or is on Active Duty due to armed conflict and/or crisis involving national security (Title 10 Activation). ☐ Yes, I am serving (Answer TRANSITIONING SERVICE MEMBERS section below)
☐ Yes, I have served (Answer VETERAN INFORMATION section below)
☐ No, I am not serving (Answer VETERAN INFORMATION section below)

TRANSITIONING SERVICE MEMBERS

Please indicate your transitioning type and transitioning service member discharge date.

Transitioning Type: ☐ Not applicable ☐ Within 24 months of retirement ☐ Within 12 months of discharge

Projected Discharge Date: _____

Have you received a signed DD-2958 (Service Member Career Readiness Standard/Individual Transition Plan)? ☐ Yes ☐ No

Are you being involuntarily separated from active duty due to a reduction- in-force? ☐ Yes ☐ No

Have you attended a Transition Assistance Program (TAP) Workshop within the last 3 years? ☐ Yes ☐ No

VETERAN INFORMATION

Did you serve more than 1 tour of duty? ☐ Yes ☐ No

Military Service Begin Date: _____

Military Service End Date: _____

Received a Military Campaign Badge: ☐ Yes ☐ No

Branch of Service: _____

Active in the military reserves:

☐ Yes, I am active in the military reserves

☐ No, I am not active in the military reserves

☐ Not Specified

Most Recent Character of Service Received:

- ☐ Honorable
- ☐ Under Honorable Conditions (general)
- ☐ Under Other Than Honorable Conditions
- ☐ Bad Conduct
- ☐ Dishonorable
- ☐ Uncharacterized
- ☐ Other (please explain) _____

Disabled Veteran: ☐ Yes ☐ No Disability Percentage: _____

Homeless Veteran: ☐ Yes ☐ No

Referred by Veteran's Voc Rehab (Chapter 31): ☐ Yes ☐ No

Are you currently incarcerated or have you been released from incarceration? : ☐ Yes ☐ No ☐ I do not wish to answer

Within the last 12 months, have you been without a paycheck for 27 or more weeks? ☐ Yes ☐ No ☐ Not Sure

Recently Separated (within 3 years) ☐ Yes ☐ No

Have you attended a Transition Assistance Program (TAP) Workshop within the last three years? ☐ Yes ☐ No

Youth Addendum

Youth's Name: _____

Last 4 of Social #: _____

Yes	No	Yes	No
<i>Are you attending school?</i>		<i>Are you an English Language Learner?</i>	
<i>Compulsory School attendance (14-17yrs)?: (If yes, recent date of attendance below)</i> _____		<i>Have you previously or currently been in the juvenile or adult justice system?</i>	
<i>Are you a High School graduate/equivalent?</i>		<i>Are you a Migrant Season Farm Worker?</i>	
<i>Are you a High School Drop out?</i>		<i>Are you pregnant or parenting?</i>	
<i>Basic Skills Deficient (BSD)?</i>		<i>Are you homeless and/or a runaway?</i>	
<i>Youth with a disability?</i>		<i>Are you in out-of-home placement?</i>	
<i>Are you a current or aged out of foster care youth?</i>		<i>Do you live in a high poverty area/zip code?</i> _____	
<i>If a foster youth, are you eligible under section 477 of the social security act?</i>		<i>Are you facing individual substantial cultural barriers?</i>	

Work History (Most recent job held)

Employer Name: _____ Job Title: _____ Hourly Wage: _____

Start date: _____ End date: _____ (If currently employed, leave end date blank)

Are you receiving unemployment compensation? Yes No

Family Information (includes parents/guardians and dependents)

Family Size (including yourself): _____

List family information below:

	Relationship to Youth	Income	Source of income
1.	Self		
2.			
3.			
4.			
5.			
6.			

Total Family Income (past 6 months): _____

Are you receiving?

Yes No

Refugee Assistance

CalFresh/SNAP

General Assistance

TANF

Youth needs additional assistance (if yes, check box that applies below):

Never worked/limited work history

Emancipated youth

Meets Governors special barriers to employment

GPA less than 1.5

Gang affiliated

Incarcerated parent

Fired from a job within the past 12months

Repeated at least one secondary grade level

Referred to or being treated by an agency for substance abuse

Victim of abuse and documented by school staff or qualified professional

Emotional/Medical or Psychological problem documented by a qualified professional

Other:

By signing below, I acknowledge that I have received copies of Code of Conduct, Grievance, Non-discrimination & Equal Opportunity Complaint Procedures, and Release of Information. I also understand the information contained on this form and certify under penalty of perjury that all the above information is true and complete. All information is subject to verification. Falsification of any item is grounds for termination from the Workforce Innovation Opportunity Program and may result in action to recover any money paid while participation.

Youth Signature: _____

Parent/Guardian (if under 18yrs) Signature: _____

Date: _____

Case Manager Signature: _____

Agency Name: _____

Date: _____

WIOA Youth Program
Medical Consent and Emergency Information Form

Name:

Last

First

Sex at birth:

Female

Male

Address:

Street/Post Office Box

City

State

Zip



Telephone:

Cell/Message Phone:

In the case of an emergency and I am unable to be reached contact:

Name	Relationship	Phone	Cell/Message

Please check all that apply

Medical Information		Medical Information	
Asthma or Other Respiratory Problems		Medications (List below)	
Diabetes, or Hypoglycemia		Bee Stings/Insect Bites	
Hemophilia, or Other bleeding Problems		Foods (List below)	
Circulatory or Heart Problems		EPI Pen	
Epilepsy		Other Significant Medical Conditions	

Medical Details:

Mark box that applies:

- ☐ 1. In the event of an emergency, when a parent/guardian is unavailable, I authorize _____ Personnel to arrange for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment.

- ☐ 2. I do not choose the above statement and desire the following action in the event of an emergency:

Participant's Signature

Participant Print Name

Date

Parent's/Guardian's of youth under 18

Parent/Guardian Print Name

Date

Sacramento Works Job Center
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

The Sacramento Works Job Centers are part of an employment and training system that involves the following agencies:

1. Sacramento Employment and Training Agency (SETA)
2. State of California Department of Rehabilitation
3. State of California Employment Development Department
4. Sacramento County Department of Human Assistance and Department of Health & Human Services
5. Probation Department
6. Senior Community Service Program
7. Social Community Service Program
8. Child Care Program (Head Start & Child Action)
9. Local community-based organizations
10. California Youth Authority
11. Local Educational Agencies/School Districts
12. Colleges of the Los Rios Community College District
13. Other: **City of Sacramento – Youth, Parks, & Community Enrichment**

I hereby authorize co-located staff of the Sacramento Works Job Center to discuss and/or release information between any of the above agencies, or to a designated representative thereof, about my eligibility, assessment, counseling, attendance, progress and termination. Additional information regarding my job search training and employability status may also be released.

By signing below, I acknowledge that I have also received copies of: 1) Code of Conduct; 2) Grievance, Non-discrimination and Equal Opportunity complaint Procedures; and 3) Release of Confidential Information.

Please Print Name:

Signature:

Date: