

WIOA Application Submission Checklist

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

Applicant Name:	
Phone Number:	
E-Mail Address:	
School of Attendance:	

✓	Document Name
	Create CaJOBS Account (<i>instructions found in packet</i>)
	Youth Addendum
	Medical Consent And Emergency Information
	Authorization for Release of Confidential Information

The following items MUST be included with application submission	
	Color copy of School ID, CA ID, or Drivers License
	Color copy of Social Security Card or Birth Certificate
	Most Recent school Transcript

You can submit application:

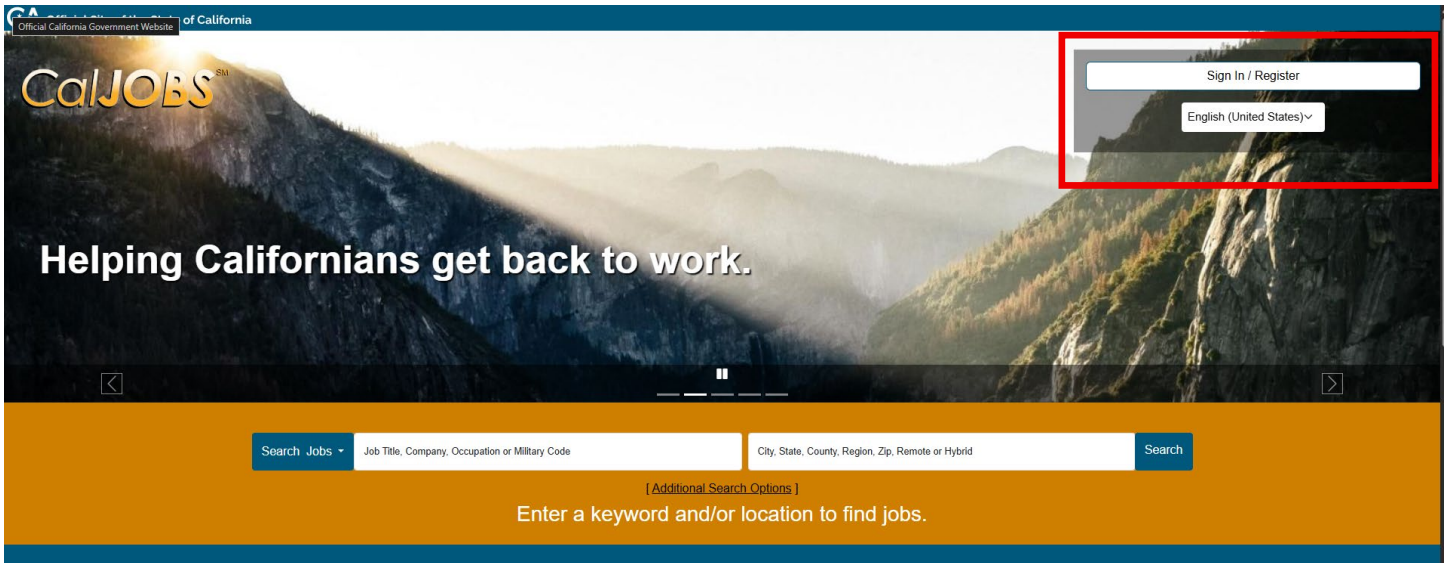
In-person: Paper application can be submitted at Belle Coolidge Community Center (5699 S. Land Park Drive Sacramento CA, 95822) between 9:30am – 4:30pm.*

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.

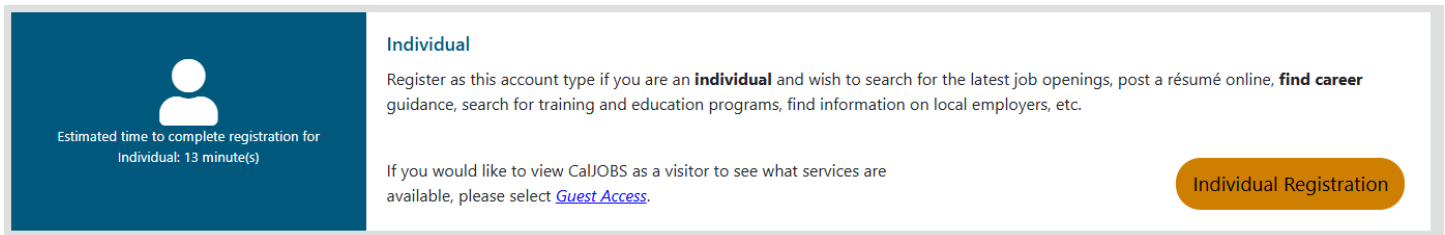
For WIOA Staff Only	
Barrier:	
Income:	
Date Received:	

How to Create Your CalJOBS Account

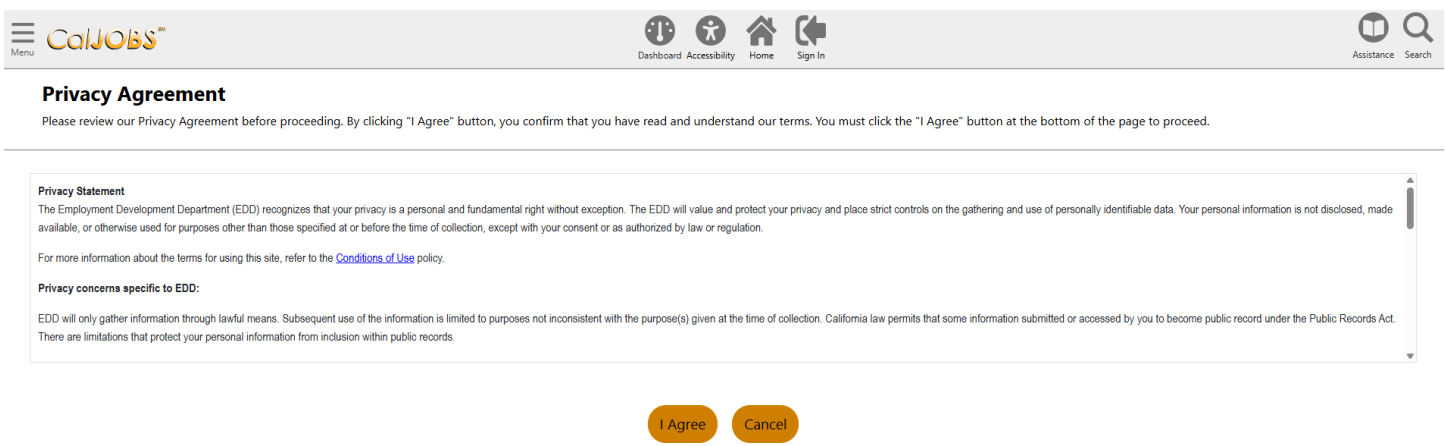


Visit: <https://www.caljobs.ca.gov/vosnet/Home.aspx>

1. Click Sign In / Register Button



2. Select "Individual" registration

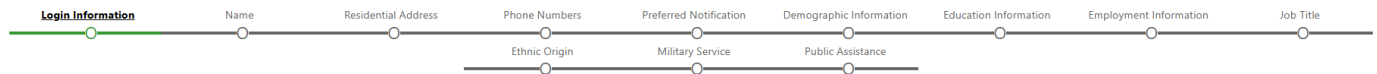


3. Read the Privacy Agreements and click agree.

Registration

Please enter the following login information and press the Next button when you are finished. Be sure to remember your User Name and Password. You will need them to access this system again.

Individual Registration



Please do not use any personal identification information as your user name (e.g. Social Security Number or FEIN). You will need your User Name and Password for all future activities in this system. Please write this information down and keep it in a secure place. To ensure account security, we strongly urge you NOT to share your User Name or Password with anyone for any reason.

Login Information

* User Name:

4. Complete the application process.

a. Answer all the questions that have a red asterisk *

Congratulations, you have successfully registered! What would you like to do next?



Job Search

This option will view current job listings in your area that match your interests and experience.



Résumé Builder

This option will take you through the steps of creating a professional résumé or job application. Résumés can be placed online making them available to the top employers in your area.



Eligibility Explorer

The Eligibility Explorer is a pre-application where individuals can provide information and documents for Workforce programs they are interested in. By completing this Eligibility Explorer pre-application, we can help provide appropriate referrals to programs you may qualify for, along with information on how to access employment and training services you are interested in.

Other Resources Available

Once you have completed your application you will see this screen. You are done!

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. _____		

Are you receiving?

Yes	No
Refugee Assistance	
CalFresh/SNAP	
General Assistance	
TANF	

Total Family Income (past 6 months): _____

Youth needs additional assistance (if yes, check the box(s) that apply below, or N/A):

Not Applicable (N/A)

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 Act 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



**WELCOME
to the
Sacramento Works America's Job Centers of California (AJCC)**

The Sacramento Works Job Centers want to assist you to find the best job possible with your skills and experiences. The safety of all customers and staff is top priority. Please read and understand your responsibilities when using the Sacramento Works services.

Job Seeker's Code of Conduct

As a Job Center customer and job seeker, **I agree** to the following policies and procedures:

- Treat Job Center staff and fellow customers with respect by speaking quietly and not disturbing others.
- Conduct myself and my behavior in a professional, courteous and respectful manner.
- Silence cell phones and take all calls outside.
- Dress in a manner appropriate for business office work environments.
- Use all Job/Training Center equipment for job search and educational purposes only.
- Use approved data devices at the Job Center and allow staff to scan devices for viruses.
- No downloading of software, tampering with, nor changing settings onto Job Center computers.
- No food or drink in the resource room and computer lab.
- Use workplace appropriate language and refrain from profanity.
- If unable to find childcare, supervise my child(ren) and not allow them to disturb others.
- Be open to guidance and instructions offered by the Job Center staff.
- Fully complete all planned training and/or job search activities.
- Inform Job Center staff of address and/or telephone number changes. Update changes in www.caljobs.ca.gov
- Notify Job Center staff when unable to attend training and/or planned activity.
- Upon obtaining employment, provide placement information to the Job Center staff.
- Any violation of the Code of Conduct may result in being asked to leave the Job Center.

Preparing people for success in school, work, and life.

WIOA COMPLAINT/GRIEVANCE PROCEDURES

A. COMPLAINTS OF VIOLATION(S) OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT

If you are a participant or other interested party affected by the America's Job Center of California System operated by the Sacramento Employment and Training Agency ("SETA"), including a one-stop partner or service provider, and you believe that a violation of the requirements of the Workforce Innovation and Opportunity Act ("WIOA") has occurred, you may file a grievance or complaint with SETA as provided in 20 CFR 683.600, *et seq.* Such grievance or complaint must be filed with SETA within one (1) year of the alleged violation. Participants have the right to receive technical assistance. Such technical assistance includes providing instructions on how to file a grievance or complaint, providing relevant copies of documents such as the WIOA regulations, local policies, contracts, etc., and providing clarifications and interpretations or relevant provisions.

The grievance or complaint must be in writing, signed and dated by the grievant/complainant and shall contain the following information:

1. The full name, telephone number (if any) and mailing address of the grievant/complainant.
2. The full name, telephone number (if any) and mailing address of the respondent (the person or entity against whom the grievance/complaint is made).
3. A statement of the basis for the complaint, including the requirement of the WIOA that the grievant/complainant alleges has been violated.
4. A clear and concise statement of the facts, including pertinent dates, constituting the alleged violation.
5. The remedy being sought, which must be consistent with the requirement violated and the facts presented, and may only be one or more of the following remedies:
 - a. A suspension or termination of payments under the WIOA;
 - b. A prohibition of placement of a participant with an employer that has violated any requirement of the WIOA;
 - c. Reinstatement of an employee, payment of lost wages and benefits, and reestablishment of other relevant terms, conditions, and privileges of employment; and
 - d. Other appropriate forms of equitable relief.

Upon receipt of any such complaint or grievance, SETA will process the matter consistent with SETA's Complaint Resolution Procedure and will provide for an informal resolution or hearing of the matter within sixty (60) days of the filing of the grievance or complaint. Any grievance or complaint that alleges a labor standards violation may be submitted to binding arbitration between the parties, if a collective bargaining agreement covering the parties to the grievance or complaint so provides.

Any grievance or complaint may be appealed to the State of California, Employment Development Department (or other designated state department) if: (a) no decision is reached within sixty (60) days; or (b) either party is dissatisfied with SETA's determination.

Appeal of Local Level Decisions or Requests for EDD Review

If the Local Area has issued an adverse decision or failed to follow the procedures in this Directive, the complainant may file an appeal with the state. Additionally, if the Local Area has not issued a decision within the 60-day time limit, or if there has been any incident(s) of restraint, coercion, or reprisal at the local level as a result of filing a grievance or complaint, the complainant may file a request for EDD review.

The appeal or request for EDD review must be in writing, signed, and dated by the complainant. The state will attempt to obtain the following information. However, the absence of any of the requested information will not be used as a basis for dismissing the appeal or request for EDD review.

- The full name, telephone number, and mailing address of the complainant and the Local Area's administrative entity.
- A statement of the basis of the appeal or request for EDD review.
- Copies of relevant documents, such as the complaint filed with the Local Area and their decision, if any was received.

Appeals must be filed or postmarked within 10 days from the date on which the complainant received an adverse decision from the Local Area. Requests for EDD review must be filed or postmarked within 15 days from either of the following:

- The date on which a complainant should have received a decision regarding a locally filed complainant, which is defined as five days from the date the decision was due.
- The date on which an instance of restraint, coercion, or reprisal was alleged to have occurred as a result of filing the complaint.

Complainants must submit appeals or requests for EDD review to the following address:

Chief, Compliance Review Office, MIC 22-M
Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001

B. COMPLAINTS OF DISCRIMINATION

If you believe that you have been discriminated against, you may file a complaint with SETA, consistent with 29 CFR Part 38 and Part 32, Subparts B and C and Appendix A. Complaints alleging discrimination should be filed within one hundred eighty (180) days of the alleged act of discrimination and should be filed with either SETA's Affirmative Action/Equal Employment Opportunity Officer (or his/her designee) or directly with the Director, Civil Rights Center, U. S. Department of Labor.

Director
Civil Rights Center ("CRC")
U.S. Department of Labor
200 Constitution Avenue, N.W.
Room N-4123
Washington, D.C. 20210

D'et Saurbourne
Deputy Director-Administrative Services
Sacramento Employment & Training Agency
925 Del Paso Blvd.
Sacramento, CA 95815-3512
Phone: (916) 263-3811

If you elect to file your complaint with SETA, you must wait either until SETA issues a written Notice of Final Action or until ninety (90) days have passed (whichever is sooner), before filing with the CRC (see address above). If SETA has not provided you with a written Notice of Final Action within ninety (90) days of the day on which you filed your complaint, you need not wait for such a Notice to be issued, but may file a complaint with the CRC within thirty (30) days of the expiration of the ninety (90) day period (in other words, within one hundred twenty (120) days after the day on which you filed your complaint with SETA). If you are dissatisfied with SETA's resolution of your complaint, you may file with CRC. Such a complaint must be filed within thirty (30) days of the date you received SETA's Notice of Final Action. A form for filing discrimination complaints with CRC is available from SETA's AA/EEO Officer. Complaints containing a variety of allegations, some of which address discrimination and others which do not, shall be bifurcated (divided into two separate parts) with the discrimination allegations forwarded to CRC and the remaining allegations to be heard by SETA.

C. ALTERNATIVE DISPUTE RESOLUTION (ADR)

As a complainant, you will be offered ADR immediately upon receipt of your complaint. The choice whether to use ADR rests with you.

If ADR is chosen, mediation will be provided. Mediation is a voluntary process during which a neutral third party will assist you and SETA to communicate concerns, and to come to an agreement about how to resolve the dispute. The mediator will not make a decision, rule as to who is right or wrong, nor will take sides or advocate for one side or the other. The role of the mediator will be to help with communication so you and SETA can reach an understanding about how to best resolve your differences.

Mediation proceedings and the information shared will be confidential and no information divulged during mediation may be used in court or any legal or administrative proceedings.

If you and SETA do not reach an agreement under ADR, you may file a complaint directly with the Civil Rights Center (CRC), as described in 29 CFR Sections 38.69 through 38.72. Either party to the agreement reached under ADR may file a complaint with the CRC in the event the agreement is breached. In such a circumstance, the following rules will apply:

- The non-breaching party may file a complaint with the CRC within thirty (30) days of the date on which the non-breaching party learns of the alleged breach.
- The CRC must evaluate the circumstances to determine whether the agreement has been breached. If the CRC determines that the agreement has been breached, you may file a complaint with the CRC based upon your original allegation(s), and the CRC will waive the time deadline for filing your complaint.

If you elect not to participate in the ADR process, SETA shall investigate the circumstances underlying the alleged complaint.

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 _____

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: