

APPENDIX B – Ohio Latino Affairs, Economic Support Plan  
**WORKFORCE INVESTMENT ACT APPLICATION  
AND  
SURVEY OF BACKGROUND, EXPERIENCES, SKILLS, AND INTERESTS**

All of the information you provide in this survey is for the purpose of aiding you and our representatives in attempting to find new employment or retraining opportunities. The information will be CONFIDENTIAL, but some data may be used in the normal course of application for federal or state funds to assist you.

Date \_\_\_\_\_ SSN# \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Last, First MI) Month/Day/Year

Are you 21 or younger?  No  Yes (complete detail sheet)  Male  Female

Ethnicity: Hispanic or Latino  Yes  No NOTE: Optional, to be used for EEO reporting only

Primary Language: \_\_\_\_\_

Race:  American Indian/Alaskan Native  Asian  Black or African American  White  
 Hawaiian or other Pacific Islander NOTE: Optional, to be used for EEO reporting only

Address \_\_\_\_\_ County \_\_\_\_\_  
(Street/PO Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Message# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed?  Yes  No Unemployment Claimant?  Yes  No  Exhausted  Extension

Educational Status:  High School Graduate  GED  Certificate  2 year degree  4 year degree

Drop Out Last Grade Completed \_\_\_\_ Currently Attending  Yes  No

Military Service:  Yes  No Active Duty Dates: \_\_\_\_\_ Start \_\_\_\_\_ End

Vietnam Veteran:  Yes  No Recently Separated:  Yes  No Disability \_\_\_\_\_%

Veteran Spouse:  Yes  No Veteran Status:  <180 Days  > 180 days  No

Campaign Served: \_\_\_\_\_ Campaign Badge:  Yes  No

Valid Driver's License:  Yes  No State: \_\_\_\_\_  Non Commercial

Class A  Class B  Class C

U.S. Citizen \_\_\_\_\_ Registered Selective Services \_\_\_\_\_ Family Size \_\_\_\_\_

Dislocated Employer \_\_\_\_\_ Date of Separation \_\_\_\_\_ WARN # \_\_\_\_\_

Months of Tenure at Separation \_\_\_\_\_

### PREVIOUS JOBS

1. \_\_\_\_\_ Length of Time: \_\_\_\_\_

2. \_\_\_\_\_ Length of Time: \_\_\_\_\_

3. \_\_\_\_\_ Length of Time: \_\_\_\_\_

### JOB SKILLS/SKILL SETS

1. \_\_\_\_\_ Length of Time: \_\_\_\_\_

2. \_\_\_\_\_ Length of Time: \_\_\_\_\_

3. \_\_\_\_\_ Length of Time: \_\_\_\_\_

(If you need more room – use paper provided)

### DESIRED EMPLOYMENT

1. Job Title \_\_\_\_\_ Experience in months \_\_\_\_\_

2. Job Title \_\_\_\_\_ Experience in months \_\_\_\_\_

Are you willing to work anywhere in Ohio? Yes \_\_\_\_\_ No \_\_\_\_\_ Desired \_\_\_\_\_

List counties willing to work in and wage

County \_\_\_\_\_ Wage \_\_\_\_\_ County \_\_\_\_\_ Wage \_\_\_\_\_

County \_\_\_\_\_ Wage \_\_\_\_\_ County \_\_\_\_\_ Wage \_\_\_\_\_

### OPTIONS AND PREFERENCES FOR A NEW JOB OR CAREER

Please mark any or all of the following as to your options for the future or your interests:

\_\_\_\_\_ Have prospective employment lined up after layoff \_\_\_\_\_ Have resume \_\_\_\_\_ Need resume update

\_\_\_\_\_ Search for a new job (immediately after layoff \_\_\_\_\_ Job Search Classes \_\_\_\_\_ Change occupation \_\_\_\_\_ Retire

\_\_\_\_\_ Education/Training \_\_\_\_\_ Start Own Business \_\_\_\_\_ Improve existing skills \_\_\_\_\_ Learn new skills

\_\_\_\_\_ What type of training are you interested in? \_\_\_\_\_

Are you willing to relocate/move out of the area? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how far? \_\_\_\_\_ miles

Would you be willing to commute for other employment? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how far (one way) \_\_\_\_\_ miles

**OTHER SERVICES**

	YES	NO	N/A		YES	NO	N/A
Financial Advice	_____	_____	_____	Credit or debts	_____	_____	_____
Mortgage/Utilities	_____	_____	_____	Relocation	_____	_____	_____
Education Finance	_____	_____	_____	Veterans Benefits	_____	_____	_____
Stress/Health	_____	_____	_____	Retirement Planning	_____	_____	_____
Family Problems	_____	_____	_____	Legal Problems	_____	_____	_____
Alcohol/Drug Abuse	_____	_____	_____	Health Care for Children	_____	_____	_____
Child Care	_____	_____	_____	Unemployment Compensation	_____	_____	_____
Social Service (food stamps, etc.)	_____	_____	_____				

Other services where you may need assistance: \_\_\_\_\_

**BARRIERS/EMPLOYABILITY PROBLEMS (Check the items below that you feel may be a problem to you in finding a job.)**

- |   |                             |
|---|-----------------------------|
| _____ Lack of Education                   | _____ Your Age              |
| _____ Personal Problems                   | _____ Transportation        |
| _____ Lack of Experience                  | _____ Financial Worries     |
| _____ Lack of Training                    | _____ Criminal Record       |
| _____ English Speaking Skills             | _____ Alcohol or Drug Abuse |
| _____ Physical Capacity/Handicap/Health   |                             |
| _____ Lack of Licenses/Certifications     |                             |
| _____ Lack of Required Occupational Tools |                             |

I certify that the information contained herein is accurate to the best of my knowledge. Willful misrepresentation may result in immediate dismissal from program and/ or repayment for cost of service.

\_\_\_\_\_  
Applicant Signature/ Date

\_\_\_\_\_  
Staff Signature/ Date

**Detail sheet for individuals 21 or younger.**

Are you:

Out of high school \_\_\_\_\_ Yes \_\_\_\_\_ No

A high school dropout             Yes  No

A runaway                             Yes  No

Homeless                             Yes  No

In foster care                         Yes  No

Involved in the court system     Yes  No

Child of an incarcerated parent  Yes  No

Migrant youth                        Yes  No

Indian or Native American        Yes  No

Person with disabilities            Yes  No