

# Customer Orientation Packet

Name: \_\_\_\_\_ KY: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following sheets are all part of the Applicant Orientation Packet. All paperwork in this packet must be completed fully and returned to the WIOA Staff during your first interview. Incomplete paperwork will not be processed and can delay the enrollment process into the WIOA Program.

## Customer Self-Assessment

Is there anyone else who knows YOU better than you do? It's possible, but not likely. This exercise is designed for you to determine some things about yourself and see if there are areas in which you may need additional assistance. Please answer the questions the best you can. If you feel uncomfortable with any of the questions, you may leave those blank. If there are areas in which you can use some assistance, we will gladly work with you.

### Education

Indicate the highest grade you completed:  1  2  3  4  5  6  7  8  9  10  11  12

Do you have a High School Diploma or GED?  Yes  No

What other schooling or training have you had since high school? (Check all that apply.)  Some College    Years: \_\_\_\_\_

Some College    Military    Trade School    Job Corps    Associate's Degree (AA/AS)    Bachelor's Degree (BA/BS)

Graduate Degree    Other: \_\_\_\_\_    Degree(s): \_\_\_\_\_

Post-secondary schools attended: \_\_\_\_\_

Do you have any special Certificates or Licenses?  Yes  No    If so, what kind? \_\_\_\_\_

Are you in school or training?  Yes  No    If yes, training provider: \_\_\_\_\_

Program or Major? \_\_\_\_\_    Prospected graduation date? \_\_\_\_\_

### My Employment History

Most recent employer: \_\_\_\_\_

Job Title: \_\_\_\_\_    Salary: \_\_\_\_\_

Date employed from: \_\_\_\_\_    Date employed to: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job duties: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Job Title: \_\_\_\_\_    Salary: \_\_\_\_\_

Date employed from: \_\_\_\_\_    Date employed to: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job duties: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Job Title: \_\_\_\_\_    Salary: \_\_\_\_\_

Date employed from: \_\_\_\_\_    Date employed to: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job duties: \_\_\_\_\_

What steps do you feel you need to take to get a job?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Career Center Programs**

Below are some services offered by the Career Center, please designate an [x] for areas of interest.

- Job Search Workshop
- Skills Assessment
- On-the-Job Training
- Resume' Writing Workshop
- Developing an Effective Job Search
- Learning Prospective Employer Expectation
- Career Exploration
- Interviewing Skills Workshop
- Basic Computer Training
- Career Assessments
- Occupational Skills Training
- Identifying Employment Opportunities
- Learning How to Complete a Job Application
- Learning How to Find Employment Opportunities
- Other: \_\_\_\_\_

How much are you willing/able to work?  Full-time  Part-time  Either  Days  Evenings  Nights  Split

What is the lowest wage you are willing to accept? \$ \_\_\_\_\_ per hour.

How many miles are you willing to commute (one way) for work? \_\_\_\_\_

Have you applied for unemployment insurance?

- Yes, but no determination yet
- No, ineligible Please explain: \_\_\_\_\_
- Yes, but denied
- No, currently employed
- Yes, but have exhausted benefits
- No, but plan to do so

**Other Programs**

- TANF
- HUD Housing
- Worker's Compensation
- Community Action Agency
- SSI
- Adult Education
- Veteran's Affairs
- SNAP (Food Stamps)
- Vocational Rehabilitation
- Retirement Pension
- Other: \_\_\_\_\_

**Transportation**

Mark [x] on all transportation you have available to use:  Own Car/Truck  Bus  Friend/Family  Ride-Share/Carpool  Walk  Cab  Other: \_\_\_\_\_

How reliable is this transportation?  Very reliable  Somewhat reliable  Not reliable

Do you have a driver's license?  Yes  No  Suspended or revoked  Expired  Lost or stolen

License class:  A  B  C  D (regular driver's license)  Other: \_\_\_\_\_

Do you have any driving offenses?  Yes  No If yes, what kind? \_\_\_\_\_

Do you have vehicle insurance?  Yes  No

**Childcare**

For your job search or new job, how will you handle family/childcare, if needed?

Do you have a primary family/childcare provider?  Yes  No

**Mental/Emotional Health**

Do you feel you are in need of counseling services?  Yes  No

Are you currently receiving counseling services?  Yes  No

**Medical/Physical Issues**

Do you have health coverage?  Yes  No

Do you have health problems that prevent you from working?  Yes  No

If yes, describe the health problem:

Do you have medical documentation for the above?  Yes  No

Do you have a Vocational Rehabilitation Counselor?  Yes  No If yes, name and location: \_\_\_\_\_

Have you filed for or are you receiving Worker's Compensation?  Yes  No If yes, when? \_\_\_\_\_

Have you filed for or are you receiving disability (SSI/SSDI)?  Yes  No

If yes, when? \_\_\_\_\_

**Legal Services**

Are you involved with legal matters that will interfere with:  Work  Your ability to seek and accept employment  None

Please explain:

Are you currently on probation or parole?  Yes  No

If yes, name and location of Probation/Parole Officer: \_\_\_\_\_

Do you have community service obligations?  Yes  No If yes, how many? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**Interests and Abilities**

In choosing a job / career, you need to know if your experience, skills, training, interests, and abilities will prepare you for the job:

What job/career do you want? \_\_\_\_\_

What interests you about this job/career? \_\_\_\_\_

What work experience leads you to believe you would enjoy this job/career?

What have you found out about your job/field of interest from friends, relatives, and/or acquaintances that do this type of work?

What other occupations have you explored? \_\_\_\_\_

Along with the ability to perform specific job duties, it is important that the job matches your interests.

Have you taken any interest or ability assessments?  Yes  No

If yes, what assessments? \_\_\_\_\_

**Financial Responsibility**

Of the cost of school is more than our scholarship, how do you plan to pay for the remainder of school costs?

**Work Search Record**

Complete all information requested for each contact, if possible. **"Method of Contact"** means in person, mailed application (or resume), telephone, E-mail, etc. **"Results"** means application (or resume) submitted, interview scheduled or received, etc.

DATE OF CONTACT	NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER	TYPE OF WORK	METHOD OF CONTACT	RESULTS	APPLICATION OR RESUME FILED?
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that this information is true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

WIOA Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## RESEARCH FORM

**You will need to research to find some of the information asked for**

Please print your answers to each of the following 18 questions below. Use a separate piece of paper, if you prefer. The completeness of your answers and the detail you provide will play a key role in determining whether or not the training you seek will be approved. "I don't know" is **NOT** an acceptable answer to **ANY** of these questions.

1. What type(s) of training are you considering?

2. What do you know about the training you are considering?

3. Will completing this training result in a:     certificate,     diploma,     or degree?

4. At what schools are the trainings available?

5. What does the training program cost? \_\_\_\_\_

6. How long does the training program last? \_\_\_\_\_

7. Is there a waiting list to enter this training?     Yes     No

8. Have you applied for admission?     Yes     No    Filed an application for financial aid?     Yes     No

9. What is your expected start date? \_\_\_\_\_ Completion Date? \_\_\_\_\_

10. What companies/businesses hire people with this training?

11. Do employers require experience in your field of interest in addition to training?     Yes     No

12. What wage do employers pay when they hire people who have completed this training? \_\_\_\_\_

13. What types of research have you done to find out more about the career opportunities you will have when you have completed this training?

14. What specific skills are employers in your field of interest looking for?

15. What are your plans after you complete this training?

16. How great is the demand for work for those who complete this training in the area where you expect to work?

17. How will you meet your living expenses until training begins and while you are in training?

18. (If currently working), are all required classes available at time compatible with your work  Yes  No schedule?

**All 18 of these questions are answered. I have researched my answers so that the information I have provided is detailed, complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date turned in to WIOA Counselor

I have reviewed the answers provided by the applicant and:

Have determined that the answers to question(s) \_\_\_\_\_ are INCOMPLETE or contain Insufficient detail. The applicant has been asked to re-submit the answer(s) and has been told that no further action will be taken in regard to this application until this has been done.

\_\_\_\_\_  
Signature of WIOA Counselor

\_\_\_\_\_  
Date returned to Applicant

Have determined that they are well researched, detailed and complete.

\_\_\_\_\_  
Signature of WIOA Counselor

\_\_\_\_\_  
Date Accepted by WIOA Counselor



## Scholarship Application

### DEGREE PLAN

Applicant Name: \_\_\_\_\_ KY #: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_ Applicant Student ID: \_\_\_\_\_

**The information below must be completed by your program advisor.**

Training Facility: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person / Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Degree / Training Program: \_\_\_\_\_

Number of courses completed: \_\_\_\_\_ Number of courses needed: \_\_\_\_\_

Are remedial courses needed?  Yes  No

If yes, please explain: \_\_\_\_\_

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Date classes will begin for semester / term requested: \_\_\_\_\_

Anticipated completion date (including any required remedial classes): \_\_\_\_\_

\_\_\_\_\_  
Training Facility Contact / Advisor Signature:

\_\_\_\_\_  
Date: