

October 2016

Dear Future WIN Participant,

My name is Devon McClurken, the CSBG Career Coach at the WIN program. My job is to help you be successful in your career in construction or transportation.

WIN provides opportunities for training, job placement, career coaching and as well soft skills workshops.

Our partnership with CCI allows us to provide this Highway Construction training at no cost to you, but is funded through the CSBG grant that you are eligible for if you join our program and live in the city and county of Denver.

We also have other training opportunities for Construction, Administrative and Professional Development workshops that would be available to you once you have completed this Boot Camp. I look forward to working with you and helping you with your career goals.

Sincerely,

Devon McClurken, MSW

Career Coach

Community College of Denver

Workforce Initiative Now

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Start Here. Go Anywhere!

Our goal is
to serve as
a national
model for
collaborative
community
workforce
development
programs



Workforce Initiative Now Intake Form

Thank you for your interest in the WIN program. Information provided on this form is confidential and used for enrollment and career advising purposes.

Date of Intake: _____

First Name: _____ Last Name: _____ Middle Name _____

City _____ State _____ Zip _____ Phone Number: (____) _____ - _____

Date of Birth: _____ Age: _____ Email Address: _____

Preferred Method of Contact: ___ Phone ___ Text ___ Email

What brings you here today? Please check all that apply

- Enter employment
- Retain or Improvement Employment
- Training or Skills Development
- Career Coaching or Networking
- Resume or Interview Support
- Earn GED or high school diploma equivalent
- Other Please specify: _____

Current Employment Status

- Employed** Full-time
- Employed Part-time
- Unemployed; How long have you been unemployed? _____
- Not looking for employment / Not in labor market

Industry in which you plan to enter upon completion of training (or currently work in):

- Construction
- Transportation
- Professional Services
- Administrative / General Office

Occupations you are interested in applying for:

- Carpenter
- Electrician
- Heavy Equipment Operator
- Laborer
- Trade Apprentice
- Bus Operator
- Light Rail Operator
- Bus Mechanic
- General Office
- Field Supervision / Project Management
- Engineer in Training (EIT)
- Other, please specify _____

Whether in the field or in the office, construction and transportation industries require frequent drug testing to ensure a safe working environment for employees and the public. Will you adhere to program and industry drug testing requirements?

- Yes No

Do you currently have a driver's license?

- Yes No

For transportation positions only; do you have a clean driving record for the past 7 years?

- Yes No

How did you hear about this program?

- Community Agency Please specify: _____
- Friend or family member
- Workforce Center / Local One-Stop Please specify: _____
- Local Union Please specify: _____
- Training program or school Please specify: _____
- Other _____

Work Experience and Skills: Submit copy of your most current resume detailing work experience history and skills.

References: Please list two Professional References and their contact information:

1. Name: _____ Phone number: _____ E-mail: _____
2. Name: _____ Phone number: _____ E-mail: _____

Assurances

I certify that this information is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I may be required to provide documentation in its support. **I am also aware that I am subject to immediate termination from the program if I am found to be ineligible after enrollment and may be prosecuted if the information I have provided is false.** I authorize the release of information contained in this application for use in verifying my eligibility; however, I understand that the information will not be released for any purpose other than to authorized state or federal personnel for monitoring purposes.

I understand that many of the construction and transportation employment opportunities through the WIN program will be subject to **federal background clearance** guidelines that prohibit felony convictions within the past 7 years or repeated misdemeanor convictions. I attest to my willingness to **comply with all drug testing requirements** of this program and future employers.

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.

I understand that I will have to provide verification of my employment status after my training is complete and at the first and second quarters following placement or the end of my training.

Applicant Signature

Parent/Legal Guardian Signature (if applicable)

Date of Signature

Date of Signature

The Workforce Initiative Now (WIN) program is an equal opportunity employment and placement services program. Qualified applicants who meet position skills and abilities requirements are considered for employment and training services without regard to race, ethnicity, gender, religion, national origin, sexual orientation, age, or disability.

WIN adheres to the requirements set forth by the ADA and does not discriminate based on disability in its programs or services. To ensure accessibility WIN will make reasonable accommodations to its policies and procedures to applicants with disabilities when requested, and on a case-by-case basis. If you need a reasonable accommodation for any part of the application and training process, please contact Ed Neuberg, RTD ADA Manager at (303) 299-2370 or Edward.Neuberg@rtd-Denver.com

WIN Staff Use Only	
Intake/Case Manager Signature _____	Date: _____
Date of Eligibility _____	Office: _____

EXHIBIT C

VERIFICATION AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

_____ I am a United States citizen, or

_____ I am a Permanent Resident of the United States, or

_____ I am an alien lawfully present in the United States pursuant to Federal Law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that State law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute §18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

DATE

[Print] Name of Applicant

Demographic Form

1. What is your Gender?

- Male Female Not Specified

2. What is your Age?

- 0-5 24-44
 6-11 45-54
 12-17 55-69
 18-23 70+

3. What is your Race and Ethnicity?

- Asian/Pacific Islander
 Black/Not Hispanic
 Hispanic Origin
 Native American/Alaskan
 White/Not Hispanic
 Other

4. What is your Education Level?

- 0-8th Grade
 9th Grade – 12th Grade/Not graduated
 High School Graduate or Equivalent
 12+ some post secondary
 2 or 4 year college graduate

5. What is your Family Type?

- Single parent/female
 Single parent/male
 Two-parent household
 Single person
 Two adults/no children
 Other

6. How many people live in your household including yourself?

- 1 2 3 4 5
 6 7 8 or more

7. All Sources of Monthly Income: (Check all that apply and make sure you enter a dollar amount)

	Source	How much?
	No Income	
	TANF	
	SSI	
	Pension	
	Unemployment	
	Social Security	
	General Assistance	
	Employment only	
	Employment + other sources	
	Other	
	TOTAL	

8. Do you have health insurance? Yes No

9. Are you disabled? Yes No

10. What is your current housing situation?

- Rent
 Own
 Homeless
 Other

Signature : _____

Date: _____

For WIN Staff Use Only

Denver Resident Non-Denver Resident

Level of Family Income

- Up to 50%
 51% to 75%
 76% to 100%
 101% to 125%
 126% to 150%
 151% and over

DENVER COUNTY/CSBG CERTIFICATION OF ZERO INCOME

NAME	SOCIAL SECURITY NO.
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I hereby certify that I do not receive income from any of the following sources:

1. Wages from employment (including commissions and fees).
2. Income from operation of a business.
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment or disability payments.
7. Public assistance payments.
8. Alimony or child support.
9. Monetary contributions or gifts regularly received from persons not living in the unit (including rent or utility payments regularly paid on my behalf).
10. Educational grants and/or scholarships or Veterans Administration benefits available for subsistence after deducting expenses for tuition, fees and books.
11. Sales from self-employed resources (Avon, Mary Kay, etc.).

and, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any of the above sources within the next thirty (30) days or less depending upon the projected period of -0- income.

I understand that I must re-verify this information every thirty (30) days or less depending upon the projected period of -0- income. Further, should I find employment or begin to receive assistance or begin to receive income from any of the sources listed above, I will report the income immediately.

Date:

Print Your Name _____

Signature _____

Caseworker Signature _____

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.
