



THE JOB COUNCIL

PROVIDING WORKFORCE RESOURCES

The Job Council is a local organization that provides assistance with employment services and short-term training to the public through federal funding.

We assist qualified youth, adults, and laid off workers with short-term education, training, and/or employment that will lead to long-term self-sufficiency.

How To Apply

Turn in a completed pre-application to schedule the next step. The general eligibility requirements are based on household income for the past six months OR length and/or reason for unemployment. Applicants must also be:

1. A United States Citizen or eligible to work in the United States;
2. Able to provide verification of age and social security number; and
3. Ready to go to work

If you have any questions or need help, please call (541) 244-2295 in Grants Pass or (541) 776-5100 in Medford. We are looking forward to working with you.

The Job Council is an equal opportunity employer and operates equal opportunity programs.
Auxiliary aids and services are available upon request to individuals with disabilities.

JACKSON COUNTY CAREER CENTER & ADMINISTRATIVE OFFICES
100 East Main Street • Medford, OR 97501 • 541.776.5100 (Voice/TDD) • Fax 541.776.5125 • www.jobcouncil.org

JOSEPHINE COUNTY CAREER CENTER
1519 NE 'F' Street • Grants Pass, OR 97526 • 541.244.2295 • TDD/TTY Oregon Relay-Dial 711 • Fax 541.474.2285



FOR YOUR INFORMATION

State and Federal law protects the privacy of your records. The Workforce Investment Act (WIA) is a federal law that creates a One-Stop system for training and employment services. By combining employment and training services at one site, you receive better service.

State rules (OAR 151-020-0065) authorize The Job Council (a WIA Title 1B provider) to request that you voluntarily provide your Social Security Number to be used for the following purposes:

1. As an identification number in maintaining records, and
2. As an identification number for gathering information to be used for program evaluation and planning, as required under state and federal law. The Social Security number you provide could be shared and used by The Job Council and other organizations authorized to use such information for the purposes stated above as allowed by the following federal and state laws:
 1. WIA sections 136, 185 and 188 (29USC 2871, 2935 and 2938),
 2. ORS 285A.455 and 285A.461

When you allow The Job Council to use your Social Security number, other documents we have with your SSN on them may be used for the same purposes as stated above.

Failure to provide your Social Security number will not be used as a basis to deny you any service provided under Title 1B of the Workforce Investment Act. Other programs may request or require you to give your Social Security numbers as a condition of obtaining services. They will separately advise you of this if you apply for their program.

Use of Your Social Security Number for Program Enrollment Purposes:

If, as a result of your WIA program participation, you become an employee of the agency through a work experience or other work related program or you receive on-the-job training, you will be **required** to provide your Social Security Number for payroll purposes. Your SSN will be used to report your Social Security earnings and to report your earnings for employee and employer tax purposes in accordance with the applicable state and federal laws. Your Social Security Number will not be given to the general public and your WIA service records are confidential information and will not be released to the general public without your permission.

The information below describes how your number will be used. Providing your SSN means that you agree to the use of the number in the manner described.

USES OF YOUR SOCIAL SECURITY NUMBER:

Your SSN will be used by The Job Council to keep information about you and the services you received through the WIA program. Your SSN will also be given to the U. S. Department of Labor for the Standardized Program Information Record system. This information helps the federal government to prepare reports for reporting, monitoring and evaluating purposes. Your SSN will also be used by the Oregon Performance Reporting Information System to assist state and local agencies to plan education and training services to help Oregon citizens get the best jobs available.

Your number will be used only for the purposes listed above. State and federal laws protect the privacy of your records.

Job Prep Date: _____ FOR OFFICE USE ONLY Youth Orientation Date: _____

**The Job Council
Workforce Investment Act(WIA)Pre-Application**

(PLEASE PRINT) (Please fill out both sides completely)

FIRST NAME _____ LAST NAME _____ MIDDLE NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ MESSAGE PHONE _____ CELL PHONE _____

DATE OF BIRTH (MO./DAY/YR.) _____ AGE _____ FACEBOOK NAME _____ E-MAIL ADDRESS _____

Are you a: U.S CITIZEN OR ELIGIBLE TO WORK IN THE UNITED STATES (CIRCLE ONE)

DO YOU HAVE A DISABILITY YES NO IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

WHAT TYPE OF DISABILITY DO YOU HAVE: _____

ARE YOU UNDER A DOCTORS CARE? YES NO ARE YOU RELEASED FOR WORK? YES NO

ARE YOU CURRENTLY ATTENDING SCHOOL (PUBLIC, PRIVATE, HOME-SCHOOL OR GED PROGRAM)? YES NO

YES, WHERE _____ CURRENT GRADE _____ ARE YOU ON AN IEP? YES NO

What is your school schedule? Full-Time Part-Time Evening Other: _____

Providing Your Social Security Number is voluntary. If you provide it, your number will be used for keeping records, doing research and planning. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any services provided solely under Title 1B of the Workforce Investment Act. Please read the statement attached to the form, which describes how your number will be used. Providing your Social Security number means that you consent to use of the number in the manner described.
Your Social Security Number _____

LIST ALL FAMILY MEMBERS WHO ARE RELATED BY BLOOD, MARRIAGE OR DECREE OF COURT LIVING IN YOUR HOUSEHOLD AND LIST THEIR SOURCE OF INCOME AND GROSS AMOUNT EARNED IN LAST 6 MONTHS. IF SELF-EMPLOYED - LIST NET BUSINESS INCOME.

APPLICANT/FAMILY MEMBER (S) FIRST & LAST NAME	AGE	RELATIONSHIP	GROSS INCOME FOR LAST 6 MONTHS	EMPLOYER/INCOME SOURCE
		SELF		

FOR OFFICE USE ONLY: 1A/1B/1C/1I/1E INITIALS _____ PRIOR CLIENT Y/N

I certify that the information provided in this application is true to the best of my knowledge. I authorize release of this information to other agencies as necessary for joint program planning and for other agencies to provide such information to The Job Council if necessary to determine eligibility, verify skills, access job references and promote joint program planning.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian (If under 18 years old) _____ Date _____

NAME: _____

PLEASE CHECK SERVICES THAT YOU ARE CURRENTLY WORKING WITH:

FOOD STAMPS (CURRENTLY/LAST 6 MONTHS) CURRENT AMOUNT: \$ _____

AID TO DEPENDENT CHILDREN (TANF) \$ _____ Monthly Amount

SOCIAL SECURITY BENEFITS (SSI/SSD/ RETIREMENT)) \$ _____ Monthly Amount

CORRECTIONS/PROBATION

EMPLOYMENT DEPARTMENT: IF RECEIVING UI PLEASE ENTER AMOUNT: \$ _____

OTHER:

REFERRED BY:

COMPLETION OF THIS SECTION IS VOLUNTARY. YOU MAY CHOOSE NOT TO FILL IT OUT WITHOUT IT HAVING ANY AFFECT ON YOUR APPLICATION.

RACE	ETHNICITY	NATIVE LANGUAGE
ASIAN	HISPANIC / LATINO / NA	
AFRICAN-AMERICAN OR BLACK		ENGLISH: _____
NATIVE AMERICAN OR ALASKA NATIVE	SEX	SPANISH: _____
NATIVE HAWAIIAN OR PACIFIC ISLANDER	MALE	OTHER: _____
WHITE	FEMALE	

LIST CURRENT & PREVIOUS EMPLOYMENT FOR THE PAST 6 MONTHS
(PLEASE PRINT)

DATES		NAME & ADDRESS OF EMPLOYER	JOB TITLE	HOURLY WAGE	HOURS PER WEEK
FROM	/ /				
TO	/ /				
TYPE OF BUSINESS: _____			REASON FOR LEAVING		
DESCRIPTION OF JOB DUTIES					

DATES		NAME & ADDRESS OF EMPLOYER	JOB TITLE	HOURLY WAGE	HOURS PER WEEK
FROM	/ /				
TO	/ /				
TYPE OF BUSINESS: _____			REASON FOR LEAVING		
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DATES		NAME & ADDRESS OF EMPLOYER	JOB TITLE	HOURLY WAGE	HOURS PER WEEK
FROM	/ /				
TO	/ /				
TYPE OF BUSINESS: _____			REASON FOR LEAVING		
DESCRIPTION OF JOB DUTIES					

THE JOB COUNCIL SURVEY

NAME:	DATE:
PHONE #:	MESSAGE #:

HOW CAN THE JOB COUNCIL HELP YOU? (Check all that apply) <input type="checkbox"/> Assistance with finding a job. <input type="checkbox"/> Help with improving job search skills: <input type="checkbox"/> Resume <input type="checkbox"/> Cover Letter <input type="checkbox"/> Interviewing <input type="checkbox"/> To explore and evaluate career options. <input type="checkbox"/> Updating/upgrading skills/employability in current occupation. <input type="checkbox"/> Developing skills to enter new occupation. <input type="checkbox"/> Obtaining a GED. <input type="checkbox"/> Upgrading basic (math, reading or writing) skill. <input type="checkbox"/> Other assistance needed (be specific): _____	IN THE PAST, HAVE YOU EVER USED THE JOB COUNCIL SERVICES? <input type="checkbox"/> Resource Room <input type="checkbox"/> Job Search Assistance <input type="checkbox"/> On-The-Job Training/Work Experience <input type="checkbox"/> Vocational Assessment/Training
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ARE YOU CURRENTLY EMPLOYED? YES NO

WHAT STEPS HAVE YOU TAKEN TO FIND EMPLOYMENT?

Have been actively doing job search at least 20 hours per week.

Registered with the Oregon Employment Department.

Registered with private employment agencies.

Other: _____

CURRENT JOB SEARCH:
 What type of jobs have you been searching for?

WHAT ARE YOUR CURRENT CHALLENGES TO EMPLOYMENT?
 (Examples: Child Care, Transportation, no ODL)

JOB TITLE/TYPE OF WORK	# OF YEARS EXPERIENCE	FOR OFFICE USE ONLY

SPECIAL SKILLS, LICENSES, TRAINING AND/OR EDUCATION THAT I HAVE, INCLUDING EQUIPMENT AND OFFICE MACHINES THAT I AM ABLE TO OPERATE ARE:

EDUCATION:
 Diploma: Y / N GED: Y / N Year Received Certificate/Diploma: _____ Last Grade (K-12) Completed: _____ IEP: Y / N

Name of Vocational/Technical School/College attended:	Degree and/or Number of years attended:
Field of study:	Dates attended:

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