

THANK YOU FOR YOUR INTEREST IN WORKING WITH THE EMERGENCY FLOOD PROJECT.

We are working very hard to place as many people in this project as possible. In order to speed up the process, I need the items checked below to verify your eligibility.

Please make **COPIES** of the items requested and return to me in the enclosed envelope. **DO NOT SEND ORIGINALS.**

\_\_\_\_\_ Proof of your current address  
- Your drivers license OR  
- A bill with your name and address

\_\_\_\_\_ Proof of your citizenship  
- Your social security card OR  
- Your birth certificate OR  
- Your voter identification card

\_\_\_\_\_ Picture ID with your birthdate on it. (Your drivers license will work if you use it for proof of address.)

Please follow these instructions carefully:

\_\_\_\_\_ Complete the enclosed WIA application and return.

\_\_\_\_\_

\_\_\_\_\_

YOUR FILE CANNOT BE COMPLETED NOR A PLACEMENT MADE FOR YOU UNTIL THE ABOVE ITEMS HAVE BEEN RECEIVED IN THIS OFFICE.

I will be in contact with you when a placement is made for you. If you have any questions, please call me at (319) 313-1913 or (866) 722-4692 ext. 1913.

Sincerely,

Michelle Vandenberg

**SDR16 WIA TITLE I PROGRAM  
APPLICATION (FLOOD 2008)  
(Please print and complete in ink.)**

Date: \_\_\_\_\_  
Interviewer/Reviewer: \_\_\_\_\_

**SDR16 WIA TITLE I PROGRAM APPLICATION**

(Please Complete in Ink)

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

Interviewer/Reviewer: \_\_\_\_\_

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
SOCIAL SECURITY NUMBER:					
RESIDENCE ADDRESS:			MAIL ADDRESS:		
CITY/STATE/ZIP:			CITY/STATE/ZIP:		
HOME PHONE:			ALTERNATIVE PHONE:		
COUNTY OF RESIDENCE:			E-MAIL:		
DATE OF BIRTH:			AGE:		
GENDER: Male ( ) Female ( )			SELECTIVE SERVICE STATUS:		
HOMELESS: YES ( ) NO ( )					
US CITIZEN: YES ( ) NO ( )		If no, explain:			
PHYSICAL OR MENTAL DISABILITY (Explain if yes): YES ( ) NO ( )					
Ethnic Group: American Indian/Alaskan Native ( ) Asian ( ) Black/African American ( ) Hawaiian Native/Other Pacific Islander ( ) White ( ) Hispanic/Latino Yes _____ No _____					
VETERAN: YES ( ) NO ( )		BRANCH OF SERVICE:		DATES:	TYPE OF DISCHARGE:
DISABLED VETERAN: YES ( ) NO ( )			CAMPAIGN:		
<b>EMPLOYMENT</b>					
Are you currently laid off from your job due to the 2008 Flood? YES ( ) NO ( )					
Are you currently laid off from your job? YES ( ) NO ( )			Are you going to be laid off? YES ( ) NO ( )		
Date of Actual or Projected qualifying dislocation:			Labor Force Status: Employed ( ) Unemployed ( )		
<b>Employment History – List most recent job first.</b>					
Employer:			Employer's Address:		
Job Description:			Hourly Wage:		Hours per week:
Start Date:	End Date:	Months Employed	Reason for Leaving:		
Employer:			Employer's Address:		
Job Description:			Hourly Wage:		Hours per week:
Start Date:	End Date:	Months Employed	Reason for Leaving:		

Employer:			Employer's Address:	
Job Description:			Hourly Wage:	Hours per week:
Start Date:	End Date:	Months Employed	Reason for Leaving:	
Do you believe you are UNDEREMPLOYED; working fewer hours than needed or working in an occupation not equal to your education and experience? YES ( ) NO ( )			Unemployment Compensation Status: Eligible but not applied ( ) Receiving ( ) Exhausted ( ) Denied ( ) Applied ( ) Neither claimant or exhaustee ( )	
Are you not eligible for UI because previous work was in "uncovered" employment or you had insufficient earnings? YES ( ) NO ( )			If previously self-employed are you unemployed because of poor local economic conditions or the result of a natural disaster? YES ( ) NO ( ) N/A ( )	
Are or were you employed as a farmhand on a farm that discontinued operation? YES ( ) NO ( )			Number of week's unemployed of the last 52?	
Were you referred by Worker Profiling Re-Employment System? YES ( ) NO ( )			Is it likely that you will return to your previous occupation or industry? YES ( ) NO ( )	
<b>DISPLACED HOMEMAKER:</b>				
Have you been providing primarily unpaid services to family members in the home? YES ( ) NO ( )			Have you been primarily dependent on the income of another family member and now are no longer supported? YES ( ) NO ( )	
Have you been unable to obtain employment or upgrade your employment? YES ( ) NO ( )				
<b>EDUCATION:</b>				
How many years of education completed?			Do you have limited English proficiency because your native language is not English? YES ( ) NO ( )	
<b>PUBLIC ASSISTANCE:</b>				
Temporary Assistance to Needy Families (TANF/FIP):			YES ( ) NO ( )	
General Assistance (GA) (State/Local Govt.): YES ( ) NO ( )			Refugee Cash Assistance (RCA): YES ( ) NO ( )	
Are you receiving Supplemental Security Income (SSI): YES ( ) NO ( )			Received FoodStamps in the last six months? YES ( ) NO ( )	
<b>Other Assistance:</b>				
Pell Grant Recipient: YES ( ) NO ( )				
Annualized Total Family Income:				
<b>FAMILY:</b>				
Marital Status: Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed ( )				
Family Size:			Number of dependents under 18:	
Are you a Foster Child? YES ( ) NO ( )				

I certify the information I have provided on this application is true to the best of my knowledge. I am also aware that the information I have provided may be reviewed and verified, and that I may have to provide documents to support this information. I allow release of this information for documentation purposes. I authorize the release of information (including Iowa Workforce Development for Job Insurance Information) for purpose of verification of program eligibility and determining need.

Further, I understand that this information will be used to determine my eligibility for programs under the Workforce Investment Act. I am aware that I am subject to immediate termination and that I may be prosecuted for fraud if I am found ineligible after enrollment. Also, I authorize the use of my Social Security Number as an identifier for WIA program administration purposes.

The WIA staff have discussed with me the importance of customer satisfaction and the possibility of being contacted for information on my level of satisfaction for the services I will receive.

I have been provided a copy of the WIA Equal Opportunity Policy.

**PLEASE SIGN IN CURSIVE AND IN INK.**

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

**FOR APPLICANTS UNDER THE AGE OF EIGHTEEN (18):**

As the Parent/Legal Guardian of the above applicant, I certify by my signature below that the information provided is correct to the best of my knowledge and that, if accepted, my dependent may participate in the Workforce Investment program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EQUAL OPPORTUNITY NOTICE**

The Workforce Investment Program (Southeastern Community College, Administrative Entity) endorses the principal of equal educational and training opportunities for all people, regardless of race, color, creed, sex, marital status, religion, ancestry, national origin, sexual orientation, age, handicap or disability, in the WIA programs/activities it operates.

NAME \_\_\_\_\_

### ADDITIONAL FLOOD RELATED INFORMATION

When was your last tetanus shot? \_\_\_\_\_

What is your shoe size? \_\_\_\_\_ Coverall size? \_\_\_\_\_

What hours are you willing to work? \_\_\_\_\_

How many hours per week are you willing to work? \_\_\_\_\_

How far will you drive for temporary employment? \_\_\_\_\_

### SKILLS DESCRIPTIVE STATEMENTS

Please put a check before **ALL** of the skills listed below that you now possess.

#### BUILDING TRADE SKILLS

- \_\_\_\_\_ Knowledge of basic building construction.
- \_\_\_\_\_ Experienced operating various power tools, including nail and staples guns, drills, and drivers.
- \_\_\_\_\_ Experienced in remodeling and repairing of houses and worked with wood, metal, cement and insulation.

#### GENERAL WORK SKILLS

- \_\_\_\_\_ Possess a valid driver's license.
- \_\_\_\_\_ Possess a valid chauffeur's license and a CDL license.
- \_\_\_\_\_ Experienced driving, loading, and unloading trucks.

#### MACHINE OPERATION SKILLS

- \_\_\_\_\_ Drove and operated heavy equipment including a payloader, backhoe, caterpillar, dump truck and forklift.
- \_\_\_\_\_ Operated a \_\_\_\_\_ machine on a production line.

#### MAINTENANCE SKILLS

- \_\_\_\_\_ Did sandblasting to clean a variety of items.
- \_\_\_\_\_ Experience with minor building, electric and plumbing repairs.
- \_\_\_\_\_ Experienced doing \_\_\_\_\_ welding.
- \_\_\_\_\_ Experienced doing general maintenance and repair on cars, trucks, or farm machinery.

#### CUSTODIAL SKILLS

- \_\_\_\_\_ Responsible for cleaning and general maintenance of bathrooms, hallways, and offices.
- \_\_\_\_\_ Operated a floor scrubber and buffer.
- \_\_\_\_\_ Performed groundskeeping and clean up.

**SDR16 WIA TITLE I PROGRAM APPLICATION**

The purpose of the Emergency Public Jobs Program is to serve workers dislocated due to the devastation caused by the recent flooding and other dislocated workers by placing them in temporary emergency public jobs to assist in cleanup, repair and reconstruction in FEMA Public Assistance declared counties (Des Moines, Lee, Louisa).

The Emergency Public Jobs (Flood 2008) Program is not an entitlement program. Even though a person may meet the eligibility requirements for the Dislocated Worker Program, it does not mean that they will be called in for an interview. Getting an interview does not mean that they will be selected.

The Emergency Public Jobs (Flood 2008) Program allows for a maximum of 1040 hours of employment. Participants in EPJ are exempt from unemployment compensation insurance.

The following individual is being referred to the Workforce Investment Act Title I Emergency Public Jobs Program by Iowa Workforce Development.

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

It **appears** that the above individual meets the following eligibility (check the appropriate box):

	Temporarily or permanently dislocated as a result of the disaster (including Migrant & Seasonal Workers)
	Terminated or laid off, AND eligible for or have exhausted entitlement to unemployment compensation, AND unlikely to return to a previous industry or occupation.
	In receipt of a notice of termination or lay-off from employment, AND will be entitled to unemployment compensation at the time of lay-off or termination, AND unlikely to return to the individual's previous industry or occupation.
	Terminated or laid off, or have received a termination notice and have been employed for a duration of time to sufficiently demonstrate attachment to the workforce, AND not eligible for unemployment compensation due to insufficient earnings, or having performed services for an employer that was not covered under the unemployment compensation law, and unlikely to return to a previous industry or occupation.
	Terminated or laid off, or have received notice of termination or layoff as a result of a permanent business closure or any substantial layoff at a plant, facility or enterprise.
	Formerly self-employed and unemployed from his or her business.
	A Displaced Homemaker who has been providing unpaid services to family members in the home, AND has been dependent on the income of another family member, and is no longer supported by that income, AND is unemployed or underemployed, AND is experiencing difficulty in obtaining or upgrading employment.
	Any individual who is unemployed at the time of eligibility determination and has been unemployed for fifteen (15) or more of the twenty-six (26) weeks immediately prior to such determination, has made specific efforts to find a job throughout the period of unemployment, and is not classified as "Not in the Labor Force" (a civilian fourteen (14) years of age or over who is not classified as employed, unemployed, or employed part-time).

\_\_\_\_\_  
IWD Center Authorized Signature

\_\_\_\_\_  
Date

Return to: Michelle Vandenberg, Keokuk Office