



E-Mail to: CSS Workforce New York, Administrative Offices,
20 Denison Parkway W. Corning, NY 14830

TRAINING INTAKE PACKAGE

Please Print Legibly. No pencils please.

Date _____ Location _____ Staff _____

TRAINEE INFORMATION

NY#

Name _____		S.S.# _____	
Address _____		City _____	State _____ Zip _____
Phone (____) _____		Date of Birth _____	County _____
<i>Staff only:</i> Selective Service Registration # _____ Date _____			
E-mail Address _____			
Shift/Normal Working Hours _____		Gender _____	
Job Title _____		Hourly Wage _____	
Hire Date _____		Currently Working? _____	Training Start Date _____

EMPLOYER or TRAINING INSTITUTION INFORMATION

Name _____ # Employees _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Extension _____ Fax _____ Cell _____

Contact's Name _____ Title _____

E-mail _____ IRS # _____

Name/Contact of Local Union _____

Staff Use ONLY Below -

Program: New Hire OJT Employed Worker OJT Group OJT CT ITA BT Metrix

Eligibility: Adult DW Trade-affected DW I/S Youth O/S Youth

Funding Request: WIA TAA ARRA TANF

Staff Notes: _____ O'Net _____

_____ DOT _____

InitAssess _____
IEP _____
CompAssess _____
CDS _____
ServiceEntry _____
ServiceComp _____
Outcomes _____

Equal Opportunity Employer/Program

Rev. 11/1/12-DP Auxiliary aids and services are available upon request to individuals with disabilities

WIA REQUIRED PARTICIPANT INFORMATION

Are you disabled? Yes Yes, and is a barrier to employment No

US Citizen: Yes No **Eligible Alien:** Yes No If yes, INS 551 form # _____

Race/Ethnicity: ___ American Indian or Alaskan Native ___ Asian ___ Black or African American
 ___ Hawaiian Native or Pacific Islander ___ White ___ Hispanic or Latino

Education: ___ H.S. Dropout - Last Grade Completed _____ ___ GED ___ HS Graduate-Year _____
 ___ Some College ___ Vocational Degree/Certificate ___ Associate's Degree
 ___ Bachelor's Degree ___ Master's Degree ___ Doctoral Degree

Type of Degree/Certificate _____

Institution/State/Yr. Attained _____

Are you currently attending secondary, vocational, technical or academic school full-time? _____

Current Valid Driver's License? Yes – State _____ Types/Endorsements? _____ No

Employment Status:

___ Employed Today ___ Employed, but received notice of termination or transitioning service member

___ Not Employed Today How many weeks were you out of work in the past 26 weeks? _____

Are you: Married Single Single Parent #in Household _____ Rent Own Home

General: SSI ___ Public Asst. ___ Food Stamps ___ TANF ___ PELL ___ SSD ___

Are you Homeless? ___ Limited English ___ Are you a convicted offender?: No ___ Yes ___ If yes, do you have any work restrictions and what are they? _____.

Household Income: _____ /yr. (NOT including UI, Cash Public Asst, Child Support)
Staff only Low Income _____

Migrant/Seasonal Worker? Yes No Migrant or Seasonal Farm Worker, Food Processor - Circle

Veteran Status: ___ No (*move on to next box*) ___ Yes, **LESS** than 180 days ___ Yes, **MORE** than 180 days

Campaign Veteran: ___ Yes ___ Yes, Vietnam Veteran ___ No

Disability Status: ___ Disabled Veteran ___ Special Disabled Veteran ___ Not Disabled

Are you receiving compensation for a service-connected disability? ___ Yes ___ No

Recently Separated Veteran: ___ Yes ___ No

Service Entry Date _____ **Service Exit Date** _____

Other Eligible Spouse: ___ Yes ___ No * Spouse of Veteran who is at least 90 days MIA, captured, forcibly detained, 100% disabled resulting from a service connected injury, or died from a service related injury.

Selective Service Registration: If you are a male over age 26 and not registered, you must provide a reason why you did not register... _____

CSS WF NY Participant Manual/Grievance & Discrimination:

Did you receive a copy of the Grievance & Discrimination Policies & Procedures? Yes No

Trainee Initials:

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NAME _____ DW ELIGIBILITY- NY _____

UI Claimant Status

1	Have you been laid off due to no fault of your own, or received notice of termination of layoff?	___ Yes ___ No
	Are you eligible for; or exhausted entitlement to Unemployment Insurance benefits?	___ Yes ___ No
	Have you been employed long enough to demonstrate attachment to the workforce, but are not eligible for Unemployment Insurance benefits due to insufficient earnings or because work performed was not covered under NY State Compensation law?	___ Yes ___ No
	Are you unlikely to return to your previous occupation or industry?	___ Yes ___ No

Mass Lay-off or Closure

2	WARN Notice - Have you been terminated, laid off, or received notice of termination or layoff as the result of the permanent closure or substantial layoff at your work site?	___ Yes ___ No
	Were you employed at a facility where the employer has made a general announcement the facility will close within 180 days?	___ Yes ___ No
	Has your employer made a general announcement that the facility will close?	___ Yes ___ No

Self-employed

3	Were you self-employed (including farmer, rancher, or fisherman), but currently are unemployed as a result of general economic conditions in the community or because of a natural disaster?	___ Yes ___ No
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Displaced Homemaker

4	Have you been dependent on the income of another family member but no longer supported by that income; and unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment?	___ Yes ___ No
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Foreign Trade DW

5	I declare that I have been deemed Trade Act eligible due to job loss that was a result of increased imports or shifts in production out of the U.S. I have either been: 1) issued a determination by NYSDOL on State form TA722; 2) verified eligible in the State Trade Tracker system (State MIS); and/or 3) provided an eligibility determination from another state. Staff: Business _____ State _____ Petition # _____	___ Yes ___ No
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Staff ONLY:

___ Seek or Other & UI Profiled, score

Category #

___ None & UI Profiled = Yes
(current date is not greater than the Profiled Date + 1)

___ Exhaustee

___ Separated (Veteran (within the past 2 yrs.))

Trainee Initials:

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EMPLOYMENT HISTORY

*Begin with the **MOST RECENT** job & complete up to a 10 yr. work history
Exception: "Employed" worker trainees only need to complete if you have been working for your employer less than 1 yr.*

Start Date (mo/yr) _____ **to End Date (mo/day/yr)** _____ **Hourly Wage** _____

Employer _____ Job Title _____

Address of Business _____

Supervisor _____ Phone # (_____) _____

Overtime? Yes No Average Overtime Hours Per Week _____ Overtime Rate of Pay? _____

Reason for Leaving? _____

Responsibilities/Duties _____

Start Date (mo/yr) _____ **to End Date** _____ **Hourly Wage** _____

Employer _____ Job Title _____

Address of Business _____

Supervisor _____ Phone # (_____) _____

Overtime? Yes No Average Overtime Hours Per Week _____ Overtime Rate of Pay? _____

Reason for Leaving? _____

Responsibilities/Duties _____

Start Date (mo/yr) _____ **to End Date** _____ **Hourly Wage** _____

Employer _____ Job Title _____

Address of Business _____

Supervisor _____ Phone # (_____) _____

Overtime? Yes No Average Overtime Hours Per Week _____ Overtime Rate of Pay? _____

Reason for Leaving? _____

Responsibilities/Duties _____

Trainee Initials:



INDIVIDUAL EMPLOYMENT PLAN

A. OCCUPATIONAL GOAL: _____

B. LABOR MARKET OUTLOOK: _____

C. EXISTING SKILLS / INTERESTS / APTITUDES:

D. SKILLS GAPS / REMEDIAL / SUPPORTIVE SERVICE NEEDS:

E. TRAINING JUSTIFICATION:

ACTION PLAN: TRAINING / SUPPORTIVE SERVICES

	START	COMPLETE
_____	_ / _ / _	_ / _ / _
_____	_ / _ / _	_ / _ / _

APPLICANT DECLARATION

I declare that the information I have provided in completing ALL forms are true to the best of my knowledge. I understand that the information I have provided may be subject to verification. I do hereby attest to the accuracy and validity of, and assume full responsibility for, the content of the application and all materials and information used by me in support of the application, and all use thereof by third parties. I further authorize CSS Workforce New York to provide a copy of this Form and Release to those entities contacted in connection with this application.

SIGNATURES	Applicant Signature	Date
	Witness	Date

STAFF PLEASE E-MAIL TO: Brokered: brokered.funding.determination@csswfnny.com (DW Sheet), then pkg w/Suitability Checklist & all supplemental info to brokered.application@csswfnny.com ITA: ita.funding.determination@csswfnny.com (DW Sheet), then entire application w/Suitability Checklist & all supplemental info to ita.application@csswfnny.com For OJT's & Metrix, please e-mail ENTIRE completed package w/one form of ID to ojt@csswfnny.com or metrix@csswfnny.com. All Customized to hanerl@csswfnny.com or via mail.