

Workforce Development Application

- Review form with client and complete all items
- Refer to the instruction sheet for help with form completion
- Keep on file for five years



SAN FRANCISCO

OFFICE OF ECONOMIC &
WORKFORCE DEVELOPMENT

Contact Information

First Name: _____ Last Name: _____

Date of Birth (m/d/yy): _____ / _____ / _____ Social Security Number: _____ - _____ - _____
(Leave blank if you do not have or do not want to provide this information.)

Are you homeless?: ☐ Yes ☐ No (If yes, please provide an address where you can receive mail.)

Address: _____ Unit/Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number (Optional): _____

Email Address: _____

Demographic Information

Which best describes your race or ethnicity?

(Mark ALL that apply)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino, or Spanish
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White

What is your primary language spoken at home?

(Mark ONE)

- ☐ Chinese (Cantonese)
- ☐ Chinese (Mandarin)
- ☐ English
- ☐ Filipino
- ☐ Russian
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other Language. Please specify: _____

What is your gender?

(Mark ONE that best describes your current gender identity)

- ☐ Female
- ☐ Male
- ☐ Genderqueer/Gender Non-Binary
- ☐ Trans Female
- ☐ Trans Male
- ☐ Not Listed. Please specify: _____

How do you describe your sexual orientation or sexual identity?

(Mark ONE)

- ☐ Bisexual
- ☐ Gay/Lesbian/Same-Gender Loving
- ☐ Questioning/Unsure
- ☐ Straight/Heterosexual
- ☐ Not Listed. Please specify: _____
- ☐ Decline to Answer

	Yes	No
Are you currently in the military or a veteran?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with the criminal justice system?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty understanding English?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in or have you aged out of the foster care system?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a single parent?	<input type="checkbox"/>	<input type="checkbox"/>

Education and Employment

Are you currently in school?

(Mark ONE)

- ☐ In School, High School
- ☐ In School, Alternative School
- ☐ In School, Postsecondary School
- ☐ Not in School, High School Graduate or Equivalent
- ☐ Not in School, High School Dropout

What is your highest degree or grade completed?

(Mark ONE)

- ☐ No schooling completed
- ☐ _____ Grade (Write 1 through 11)
- ☐ 12th Grade – NO DIPLOMA
- ☐ High School Diploma
- ☐ GED or Equivalent
- ☐ Certificate of Attendance/Completion
- ☐ Post-Secondary Technical or Vocational Certificate
- ☐ Some College, No Degree
- ☐ Associate's Degree (AA, AS)
- ☐ Bachelor's Degree (BA, BS)
- ☐ Degree Beyond a Bachelor's Degree (MA, MS, PhD)

What is your current employment status?

(Mark ONE)

- ☐ Working Full Time
- ☐ Working Part Time (*less than 32 hours*)
- ☐ Not Working
- ☐ Never Worked
- ☐ Other (*such as working as a contractor or temporary employee*)

If working part time, are you seeking full-time employment?

(Mark ONE)

- ☐ Yes
- ☐ No
- ☐ Not Applicable

What is your current or most recent hourly wage?

\$ _____ per hour

Income and Public Benefits

Number of persons living in your family (including yourself):

(A family can be an individual or a group of people living together.)

Estimated ANNUAL family income for all adult members:

\$ _____ per year

Do you receive any public benefits assistance?

(Mark ALL that apply)

- ☐ CalFresh
- ☐ CalWorks
- ☐ Other Cash Assistance Program (*For example, CAAP, CALM, CAPI, Refugee Cash Assistance*)
- ☐ Medi-Cal
- ☐ Social Security Disability Insurance (SSDI)
- ☐ Supplemental Security Income (SSI)

I certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification by the Office of Economic and Workforce Development and the U.S. Department of Housing & Urban Development for federally funded programs.

Client/Parent Signature _____ Date _____

Agency Name _____ Agency Staff _____

Signature of Agency Staff _____ Date _____

For Agency Use Only

Community Development Block Grant (CDBG) Program Income Certification:

ALL clients enrolled in CDBG programs must be certified as low income by a source of income indicated below. Staff are required to make their best effort to view income certification documents, and to both collect and keep on file copies of these documents.

- | | | |
|--|--|---|
| <input type="checkbox"/> Payroll Stub | <input type="checkbox"/> Public Benefits | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Tax Return | <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Self-Certified-up. Please explain below: _____ |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Placed in Foster Care | |

PARTICIPANT RIGHTS AND RESPONSIBILITIES ACKNOWLEDGEMENT

The Office of Economic and Workforce Development (OEWD) is fortunate to be able to use funds appropriated by the Federal, State and City government to assist you in your preparation and search for employment. This document will provide you with general information about the program, what you can expect from it and what will be expected of you. The staff of the agency, which operates the program you are now enrolled in, is available to assist you with any additional questions or problems you may have.

YOUR RESPONSIBILITIES

Each participant has the responsibility to participate and cooperate in efforts to increase his/her potential for becoming employed. All participants are expected to:

- Participate to the best of his/her abilities.
- Adhere to the policies and procedures of the program.
- Conduct himself/herself in a manner that is not dangerous or disruptive.
- Report to the agency any change of address or phone number.
- Participate in job search activities.
- Provide employment information to agency or OEWD staff throughout the follow-up period.

As a Classroom Training Participant, you are expected to attend every scheduled training session and to arrive on time. Continual tardiness and/or excessive absences may be cause for termination from the program. There may be times when attendance is impossible; in such cases you should inform your instructor or counselor and let them know of your situation.

As an On-the-Job Training Employee:

In an on-the-job training position you are considered a regular employee your first day on the job. As an employee you must follow the personnel policies and procedures of your employer. If you have any questions about your job or responsibilities, contact the job developer who assisted you in obtaining your position.

IN CASE OF INJURY OR ACCIDENT WHILE PARTICIPATING IN OEWD ACTIVITIES

Staff at your program agency or training/job site will inform you of the emergency procedures.

LIMITATIONS

Nepotism. You may be prevented from participating in a particular program if you are closely related to someone currently employed in an administrative capacity at that agency or OEWD. If you have a relative in a supervisory or management position at the agency where you want to receive training or at OEWD, check with your counselor for further clarification.

Hatch Act. There are some restrictions on involvement in political activities while receiving federally funded training. Although you may express opinions on political subjects and candidates, take an active part in political campaigns, make contributions to a political party or organization and ask for voluntary contributions, you should not be involved in those activities during the hours when you are on the job or during class hours.

BENEFITS WHILE PARTICIPATING IN AN OEWD FUNDED PROGRAM

There is no cost for participating in an OEWD funded program. If an agency attempts to collect a "fee" of any kind, immediately contact OEWD at (415) 701-4848. Ask for the Equal Opportunity Officer.

Participant in Classroom Training:

As a classroom training program participant, you may be eligible for supportive services, including transportation (Fast Pass, BART ticket), and childcare assistance. Please check with the counselor at your training program for information on what is available and the procedures for receiving such supportive services.

Speak with the counselor at the agency which operates the program you are enrolled in for information about childcare assistance. Your counselor will provide you with a childcare information sheet, which explains the requirements and benefits available. In most cases, childcare assistance is available during the entire period you are in training. If you have special childcare needs, speak with your counselor.

Participant in On-the-Job Training Position:

While employed in a training position, you will receive wages in return for work performed under specific commitments made by your employer. The wages you receive are subject to income tax withholding and (in some cases) other deductions.

If you are currently receiving Unemployment Insurance (UI) benefits you may continue to receive these benefits while enrolled in a Workforce Investment and Opportunity Act (WIOA) classroom training program. You are not eligible, however, for UI benefits if you are a participant in an on-the-job training position subsidized with WIOA funds.

NONDISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY

It is against the law to discriminate against:

- Any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Any beneficiary of programs, financially assisted under OEWD programs on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any OEWD program or activity.

OEWD and its subcontractors cannot discriminate in any of the following areas:

- Deciding who will have access to any OEWD program or activity, or
- Treatment of program participants, or
- Employment decisions in the administration of, or connection with, such a program or activity.

If you think you have been subjected to discrimination, you may file a complaint within one hundred eighty (180) days from the date of the alleged violation with OEWD's Equal Opportunity Officer –Alfredo Fajardo, at One South Van Ness Avenue, 5th Floor, San Francisco, CA 94103. Or you may contact the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington D.C. 20210. If you start by filing your complaint with OEWD, you must wait either until OEWD issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center.

If OEWD does **not** give a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for OEWD to issue that Notice before filing with the CRC. However, you must file your CRC complaint within 30 days after the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with OEWD).

If OEWD **does** give you a written Notice of Final Action on your complaint, and you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

GRIEVANCE RIGHTS

As an individual participating in an OEWD funded program, you have certain rights and responsibilities. Under the Code of Federal Regulations 20 CFR 667.600(g)(1), 24CFR570.431 and San Francisco Chapter Appendix F1.107, you have the right to grieve the terms and conditions of employment and/or training. Please contact your counselor if you feel that you have been unfairly treated. Every agency has grievance procedures within its personnel procedures that detail the terms and conditions of your services, training and/or employment. The agency, which operates the program you are enrolled in should give you a copy of these rights and responsibilities and be able to explain them to you. It is important that you follow these procedures. If you feel that your agency is not following the procedures, contact OEWD. You will be asked to provide the individual responding to your concern with complete and accurate information in order to follow up on your complaint.

You have the right to allege a violation of the regulations, grant(s), or other agreements under OEWD. If you feel that a violation has occurred, you may file a complaint in writing with OEWD. For specific information on filing a grievance, please contact OEWD. A strict timeline is required for filing a complaint (within one year of its occurrence). You also have the right to request technical assistance with filing a complaint, and may call (415) 701-4848 for more information on how to file.

OEWD may schedule an informal complaint resolution meeting prior to the administrative hearing. At the informal complaint resolution meeting an attempt to resolve the complaint will take place. If and when the complaint has been informally resolved, OEWD shall attempt to contact you and request you provide a written withdrawal within 10 days of the informal resolution

If an informal resolution cannot be reached, OEWD will schedule an administrative hearing within 30 days from the receipt of a written complaint. You must be notified in writing of the administrative hearing 10 days prior to the date of the hearing.

After the hearing, OEWD will issue a decision on your case within 60 days. If a decision is not reached within 60 days or you receive an adverse decision you may further appeal in writing to:

- WIOA – Chief, EDD Compliance Review Division, P. O. Box 826880, Sacramento, CA 94280-0001.
- CDBG – Regional Administrator, U.S. Department of Housing and Urban Development, 600 Harrison Street, 3rd Floor, San Francisco, CA 94107-1300
- General Fund – Whistleblower Program, Office of the Controller, City Hall Room 316, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4694
- H-1B/RTW/CCPT/AAG – The Office of Federal Contract Compliance Programs (OFCCP), U.S. DOL, 200 Constitution Avenue, N.W., Washington, D.C. 20210

IF YOU HAVE PROBLEMS

Staff is available at the agency which operates the program you are enrolled in to provide referral information or for other personal, language, or job related problems. We hope this information is a useful introduction to OEWD programs and that you will successfully reach your employment goal.

This is to certify that I have received copy of the Participant Rights and Responsibilities Information Sheet. I have read the complaint procedures and understand the steps to follow if I have a complaint against a program operated by OEWD. My counselor has explained these procedures to me verbally and I fully understand this process. I understand that a full copy of these procedures is available to me upon request.

Participant Signature

Date

Career Advisor/Case Manager Signature

Date

9/2018

1 Dr. Carlton B. Goodlett Place, Room 448



San Francisco, CA 94102 | www.oewd.org

p: 415.554.6969 f. 415.554.6018



RELEASE OF INFORMATION

The Office of Economic and Workforce Development (OEWD) obtains and reviews information about participants' program performance while they are in the program and after they leave the program in order to evaluate the effectiveness of the services we fund. We are requesting your permission to obtain employment and educational information from employers, service providers, and other institutions and share this information with third parties who are partnering with us on these programs to evaluate program effectiveness or to see if you might be eligible for additional resources.

I, _____, give the Office of Economic and Workforce Development (OEWD) permission to:

- Obtain employment verification including employer name and contact information, dates of employment, job title, wage, quarterly earnings, full-time/part-time status including hours worked per week and benefits received.
- Obtain education or training program information including institution name and contact information, dates of enrollment, type of degrees or certificates obtained, grades, and other educational performance assessments.
- Obtain quarterly wage data from the Employment Development Department (EDD) as reported by my employers for the purposes of measuring and reporting on the effectiveness of Workforce Development Programs.
- Release program participation and educational and employment outcome data (excluding quarterly wage data from EDD) to workforce partners and state and local agencies for the purposes described above.
- Share only anonymized quarterly wage data from the Employment Development Department.

This release will remain valid for three (3) years after completion of services.

I understand that I can discontinue this authorization at any time by sending a written notice to OEWD by mail at the address listed below or by email to workforce.development@sfgov.org.

By signing, I certify that I have read (or had read to me) and understood all of the information contained on this form.

Signature: _____

Date: _____





Adult / Family Photography Release

I give the Office of Economic and Workforce Development my permission to use any photographs or video recordings of myself and my family members, obtained during normal program activities, for use in informational materials.

I understand these photographs will be used ONLY by OEWD for its websites, publications, exhibits, and other public information projects. These projects are created to educate civic leaders and the general public about programs and services provided by said office.

☐ Yes

☐ No

Name Printed

Signature

Date



WRITTEN EMPLOYMENT AND EDUCATION VERIFICATION FORM

This form will be used to verify placement in employment, placement in education, and/or attainment of degree, diploma, GED, or *acceptable* certificate at the time of initial placement.

Participant Name: _____

Name of Employer/
Educational Institution: _____

Address: _____

City/Zip: _____

Phone Number: _____

Enrollment/Attained
Degree/Start Date: _____

For Placement in Employment:

Working Full Time (30+ hours per week): # _____ or Part Time (Less than 30 hours per week): # _____

Employee Job Title: _____

Employee's Hourly Wage: _____ Benefits Provided (Yes/No) _____

Termination Date (if applicable): _____

For Placement in Education:

Enrolled Full Time (12+ units) _____ or Part Time (Less than 12 units) _____

Course of Study: _____

For Attainment of Diploma, Degree or *acceptable* Certificate:

Type of Diploma, Degree or Certificate: _____

VERIFIED BY:

Signature of Authorized Employer or Educational Representative

Date

Please Print Name

Please Print Title

**Office of Economic and Workforce Development
Workforce Development Division**



SUPPORTIVE SERVICES PAYMENTS DETERMINATION/CERTIFICATION RECORD

All "supportive services payments" will be administered by the Office of Economic and Workforce Development (OEWD) or its representative, and all payments will be made directly to the vendor (i.e., no "cash" will be paid directly to the participant). The participant's needs for one or more of the following supportive services will be determined by OEWD or its representative, and each such determination must be certified and documented for each participant and retained in the participant's file.

Participant Name _____

SSN _____

The above-named participant qualifies for the following supportive service payments"

TRANSPORTATION

Transportation vouchers in the form of ☐ MUNI Fast Pass or ☐ MUNI Tokens or

☐ Other: _____

From: _____ To: _____ for _____ weeks because the participant is "economically disadvantaged" or "dislocated worker" and:

- ☐ unable to attend training class(es) without such financial assistance.
- ☐ unable to make job interview(s)/medical appointment(s) without such financial assistance.
- ☐ other: _____

MEDICAL/DENTAL

- ☐ Because the participant is "economically disadvantaged" or "dislocated worker" and unable to attend training classes or to obtain unsubsidized employment without:

Please specify

MISCELLANEOUS (BOOKS, EXAM FEES, TOOLS, UNION DUES, ETC.)

- ☐ Because the participant is "economically disadvantaged" or "dislocated worker" and unable to attend training classes or to obtain unsubsidized employment without:

Please specify

Participant Signature _____

Date Signed _____

Name, Title, & Signature of Authorized OEWD Representative _____

Date Signed _____

1 South Van Ness Avenue, San Francisco, CA 94103

415.701.4848 (Main) - 415.701.4895(Fax)

www.workforcedevelopmentsf.org/AboutUs

RECYCLED PAPER

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