

South Western WV Region 2 Workforce Investment Board
Workforce Investment Act

WIA Fact Sheet

* You are here today to determine WIA eligibility. The Workforce Representative completing your eligibility is not responsible for sending you to training or for explaining the WIA process. Please wait until you speak to a WIA Case Manager for specific information.

* WIA eligibility **does not** guarantee funding for training costs.

* The WIA Case Manger will receive your WORKKEYS Scores and set up an initial appointment. **Please wait until you receive a phone call notifying you of this appointment from a WIA Case Manager .**

* You **must meet** with a WIA Case Manager to review your WORKKEYS Assessment scores and to review your work history and current skills. At that time, you will be able to ask questions and discuss options.

* You **must meet** certain requirements for training that will be explained in detail once you meet with a Case Manager. Remember that the WIA process takes time and requires the customer to follow the policies and procedures outlined by the Region 2 Workforce Investment Board. If you have additional questions, please contact Maureen Persons or Rex Stickler at 1-866-262-5348 or 304-528-5525.

WORK FORCE

West Virginia
USA

Workforce Investment Act (WIA) Eligibility Certification Documentation List

Region 2 consists of the following counties: Boone, Cabell, Lincoln, Logan, Mingo, Putnam, Wayne
You must be a resident of, or dislocated from, one of the above counties to be eligible in Region 2.

Should you have any questions, you may call 1-866-262-5348

(Eligibility Requirement)\Acceptable Documents (one item from each requirement)

- **Citizenship/Alien Status** **Document Provided** _____
birth certificate, public assistance records, any government document with birthplace, foreign passport stamped eligible to work, naturalization certificate, US passport, DD214 report of transfer or discharge from military if place of birth is shown, alien registration card indicating right to work (INS forms I-151, I-551, I-94, I-688A, I-197, I-179),
if place of birth is shown: hospital record of birth, marriage certificate, baptismal certificate, , Native American tribal records
- **Date of Birth** **Document Provided** _____
birth certificate, hospital record, baptismal record, federal-state-local ID card, driver's license, public assistance/social service records, school records\ID, work permit, tribal records, Department of Vital Statistics records
- **Family Size** **Document Provided** _____
birth certificates, most recent tax return, social security cards of all family members, public assistance records, landlord statement, divorce degree, medical card
- **Income** **Document Provided** _____
pay stubs calculated for the past 6 months, **Notarized** letter of financial support, social security benefits, public assistance records, housing authority verification, compensation award letter employer statements, alimony agreement, bank statements, UI documents and/or printouts, court award letter, veterans administration award, pension statements
- **Public Assistance Recipient (if applicable)** **Document Provided** _____
benefit payment verification, public assistance records, copy of public assistance check, medical card showing cash grant status, refugee assistance records, public assistance identification card, food stamp card w\current date, letter from food stamp disbursing agency, postmarked food stamp mailer with acceptable name and address
- **Residence (must show current physical address)** **Document Provided** _____
driver's license, utility bill, rent receipt with address, food stamp record, property tax records
- **Social Security Number (must show #)** **Document Provided** _____
social security card, DD214, employment records, agency printout, unemployment records, W-2, IRS 1722
- **Selective Service** **Document Provided** _____
(all males born 1960 or after; 18 years of age & over)
selective service registration card, internet verification (can be printed at www.sss.gov/records.html)
- **Veteran Status (must have DD214) (if applicable)** **Document Provided** _____
- **Dislocated Worker (if applicable)** **Document Provided** _____
verification from employer, notice of layoff, UI records,
- **Photo I.D.** **Document Provided** _____
driver's license, military ID, school ID
- **Disability Status (if applicable)** **Document Provided** _____
Voc-rehab letter, Veterans Administration letter or records, Worker's Compensation records, physician statement

"Equal Opportunity Employer/Program"

"Auxiliary Aids and Services Are Available Upon Request To Individuals With Disabilities"

WIA and the Eligibility Process

In order to participate in WIA, you must first be registered with the WORKFORCE West Virginia Center (Job Service). The WIA program is a “work first” program, designed to assist those who have actively sought employment, yet have not successfully obtained employment due to jobs not being available in the field they are qualified for, or they lack skills required in a particular field of interest. The WIA program offers a one time training opportunity to those who are eligible. You must be determined eligible in either the Dislocated Worker or Adult funding stream in order to participate. Dislocated Worker funding is based on whether you have been /will be laid off, are receiving unemployment compensation, or are a displaced homemaker (definition provided in packet). Adult funding is determined according to your household income and family size (we have specific guidelines to follow). You will need to complete this packet and bring in one item from each of the categories listed in the application packet. Once the verification and application are complete, you will take the WorkKeys assessments. You will be scheduled to meet with one of the Case Managers to review the results of your assessments and determine what services/training program WIA offers that best suits your needs.

Information about WorkKeys

ACT has a website that explains WorkKeys and provides sample problems. The web address is: <http://www.act.org/workkeys/>. On the left of the page, click on the word “assessments”, and then choose the assessment you would like to practice. If you do not have internet access, you may use the Learning Center computer lab. Below, you will find a brief description of the three (3) assessments to be taken.

Applied Mathematics

Measures your skill in using mathematical reasoning to solve work-related problems. You set up and solve problems like those that actually occur in a workplace. A calculator may be used and a formula sheet is provided. It contains 33 multiple-choice questions divided into five (5) levels. Level seven (7) being the most difficult, level three (3) being the least difficult.

Reading for Information

Measures your skill in reading and how you use work-related information including instructions, policies, memos, bulletins, notices, letters, manuals, and governmental regulations. It contains 33 multiple-choice questions divided into five (5) levels. Level seven (7) being the most difficult, and level three (3) being the least difficult.

Locating Information

Measures your skills with workplace graphics, flowcharts, gauges, and maps. There are four levels of difficulty. Level 3 is the least complex and Level 6 is the most complex. You will compare, summarize, and analyze information found in related graphics.

Disability Accommodations

Examinees with documented physical or learning disabilities that cannot complete the Work Keys assessments in the standard time limits using standard materials, and under standard conditions, may be tested under special conditions. Proper documentation must be provided in order to determine eligibility for accommodations such as large print test, Braille test format, extra time or other requested accommodations. You may request the Application for Disability-Based Accommodation for the Work Keys Assessment from the Learning Center staff.

REGION 2 WIA INTAKE APPLICATION

CONTACT INFORMATION

| | | | | | |
|---|--|---------------------------------------|-------|----------------|--------|
| Social Security Number: (Last 4 Digits) _____ | | Date of Birth: ____/____/_____ | | | |
| Name: _____ | | | | | |
| Last Name | | First Name | | Middle Initial | |
| Address: _____ | | | | | |
| Street/PO Box | | City | State | Zip | County |
| Primary Phone (_____) _____ - _____ | | Alternate Phone (_____) _____ - _____ | | | |
| E-Mail Address (optional): _____ | | | | | |

CHARACTERISTICS

Do You Have A Disability? YES NO

If YES, does your disability result in a substantial barrier to employment YES NO

If you answered YES to any question above, please briefly explain disability: _____

Have you ever been convicted of a felony? YES NO

If YES, Please Explain:

Do You Have Limited English? YES NO

Are you homeless? YES NO

Have You Received WIA Funds within the Past Five Years? YES NO

CITIZENSHIP

Are You A United States Citizen? YES NO

If No, Are You Authorized To Work In The United States? YES NO Card # _____

If Male, Are You Registered With Selective Service? YES NO Card # _____

EMPLOYMENT INFORMATION

Please list employment history for the past 10 years beginning with the most recent

Are You Currently Employed? YES NO

If YES Employer _____

| Start Date | Job Title | Hourly Wage | Avg Hrs/Wk |
|------------|-----------|-------------|------------|
| 9-16-09 | | | |

If Not currently employed; please list name of most recent employer; OR if employed less than 2 years, please list last ten (10) years of employment.

Employer _____

_____/_____/_____ to ____/____/_____

Dates Employed

Job Title

Reason For Leaving: Lay-Off Termination Quit Other _____

Employer _____

_____/_____/_____ to ____/____/_____

Dates Employed

Job Title

Reason For Leaving: Lay-Off Termination Quit Other _____

Employer _____

_____/_____/_____ to ____/____/_____

Dates Employed

Job Title

Reason For Leaving: Lay-Off Termination Quit Other _____

Employer _____

_____/_____/_____ to ____/____/_____

Dates Employed

Job Title

Reason For Leaving: Lay-Off Termination Quit Other _____

EDUCATION (Please begin with the most recent.)

Highest Grade Completed: High School Diploma GED HS Dropout College ___ Yrs/Sem

College, Type of Degree _____

Name of School _____

City/State

Date of Graduation ____/____/_____

Are You Currently Attending School/Training? YES NO

If YES, Program: _____

Training Institution _____

City/State

Are You Receiving Financial Assistance for Education? YES NO

If YES, Type _____

ADDITIONAL EDUCATION

Type of Training (i.e., Vocational) _____

Name of School _____

City/State

Date of Graduation ____/____/_____

CERTIFICATION (Please provide the information for all the certifications you have completed)

Certification Title: _____

Awarding Institution: _____

City/State: _____

Expiration Date: (if applicable) _____

Description: _____

LICENSES, SKILLS, QUALIFICATIONS AND ACHIEVEMENTS

Please provide any additional information describing skills that can be related to employment. Examples: volunteer or leisure activities, ability to operate special equipment, membership in professional organizations, etc.

Check all that apply

- Barber/Cosmetology
- Construction/Renovation
- Driver's License/CDL
- General
- Healthcare

- Mining
- Professional Services
- Real Estate
- Safety
- Other: _____

Title: _____

Additional Details/ Description: _____

Expiration Date (if applicable) _____ / _____ / _____

Experience: _____

FAMILY – Number In Family (including yourself) _____

ANNUAL FAMILY INCOME- (Gross Amount) \$ _____

MUST PROVIDE DOCUMENTATION

OTHER INCOME INFORMATION:

- | | | | | | |
|----------------------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|
| Food Stamp Recipient | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Pension | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| SSI/SSD Recipient | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| TANF Recipient | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Specify _____ | | |

MILITARY HISTORY:

Are You A Military Veteran? **If YES, Please Provide DD214** YES NO

Are You A Recently Separated Veteran? (*Up To 36 Months From Date Of Separation*) YES NO

If Veteran, Start Date Of Active Military Duty _____ End Date _____

Did You Serve More Than 180 Days On Active Duty In The Military? *Do Not Include National Guard Or Reserve Training Time!* YES NO

Did You Serve In Active Duty In The U.S. Armed Forces During A War Or In A Campaign Or Expedition For Which A Campaign Badge Had Been Authorized? YES NO

Were You Discharged Or Released From Active Duty Because Of A Service-Connected Disability? YES NO

Has The Department Of Veterans Affairs Awarded You A Service-Connected Disability Since Your Release From Active Duty? YES NO

What Is Your Service-Connected Disability Rating ? _____%

If Less Than 30%, Has The Department Of Veterans Affairs Determined That Your Service-Connected Disability Results In A Serious Employment Handicap? YES NO

DISLOCATION INFORMATION

Are you a union Member? YES NO Name of Union _____

Have You Been Laid Off Or Terminated From Your Most Recent Job YES NO

What Was The Dislocation A Result Of: *(Please Provide Documentation)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Actual Layoff | <input type="checkbox"/> Notice of Closure | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Notice of Layoff | <input type="checkbox"/> Actual Closure | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Quit | <input type="checkbox"/> Receiving U.I. | |

Name of Employer/Business _____

Months with Employer of Dislocation _____

Are You Are Displaced Homemaker?

Individual Who Has Been Providing Unpaid Services To Family Members In The Home And Who:

- Has Been Dependent On The Income Of Another Family Member But Is NO Longer Supported By That Income: **AND**
 - Is Unemployed Or Underemployed And Is Expecting Difficulty In Obtaining Or Upgrading Employment.
- YES NO

I Attest The Information Supplied On This Application Is True And Accurate To The Best Of My Knowledge.

Applicant Signature _____ **Date** ____/____/____

CIVIL RIGHTS STATEMENT

EQUAL OPPORTUNITY IS THE LAW

As an APPLICANT/CLAIMANT, we welcome you to WORKFORCE West Virginia.

--- It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of citizenship/lawful residence/work status or participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIA Title I-funded program or activity; Providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under WIA Title I-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the recipient: Alice McVey, Equal Opportunity Officer, WORKFORCE West Virginia, 112 California Avenue, Charleston, WV 25305, 304-558-1600; 304-558-1549 (TDD) or The Director, Civil Rights Center, (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210, 202-693-6502; 202-693-6516/16 (TTY).

If you file a complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you 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 the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I have read the above Civil Rights Statement and understand it.

____ I Agree ____ I Disagree

Print Name

Signature

SSN - Last 4 Digits

Date

REGION 2 WORKFORCE INVESTMENT BOARD GRIEVANCE PROCEDURE

*All Workforce Investment System participants have the right to file a grievance if they are adversely affected or prejudiced by an alleged violation of the Workforce Investment Act.

Grievance: An actual or supposed circumstance regarded as just cause to protest or complaint.

Grievance Procedure

Step 1...The person having the complaint shall discuss it with his/her immediate supervisor/instructor within two (2) working days of becoming aware of the alleged occurrence.

Supervisor/Instructor shall give a written response to grievant within three (3) working days.

Grievant accepts the decision or proceeds to:

Step 2...Grievant requests a review from the training provider/employer within two (2) working days

Training provider/employer gives a written response to grievant within five (5) working days and forwards a copy of the complaint and responses to Step 1 and Step 2 to the Region 2 Compliance Officer.

Grievant accepts the decision OR proceeds to:

Step 3...Grievant forwards grievance form within two (2) working days to:

COMPLIANCE OFFICER
Region 2 Workforce Investment Board
2699 Park Avenue, Suite 240
Huntington, West Virginia 25704

Workforce Investment Board staff reviews and/or investigates the complaint in an attempt to reach an informal resolution.

If an informal resolution cannot be reached, a formal hearing will be provided within 30 days of original filing date.

A written decision will be rendered to all parties within 30 days of hearing. An Individual alleging a labor standards violation may submit a grievance to a binding arbitration procedure if a collective bargaining agreement covering the parties to the grievance permits.

Step 4...If the grievant does not receive a written decision within sixty –days (60) of original filing date OR receives an unsatisfactory decision, the grievant has ten (10) days to request a review of the grievance by:

State WIA Compliance Officer
WORKFORCE West Virginia
112 California, Building 4
Charleston, West Virginia 25305

The decision of the State WIA Compliance Officer is final except where there is reasonable cause to believe the Workforce Investment Act or regulations have been violated. If reasonable cause exists, either party may request a determination by the Secretary of Labor.

BY SIGNING THIS FORM YOU ARE ATTESTING THAT YOU HAVE RECEIVED A COPY OF THE REGION 2 WORKFORCE INVESTMENT BOARD GRIEVANCE PROCEDURES.

Signature _____ **Date** _____

An Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

RELEASE OF INFORMATION

PLEASE READ THE INSTRUCTIONS THOROUGHLY BEFORE MAKING YOUR CHOICE

Sharing Your Information

By participating in the WORKFORCE West Virginia system, you agree that Region 2 Workforce Investment Board and its' Partners may access and use all of the information contained within your application in order to best assist you in obtaining employment and in determining your eligibility for training and other services. These services may include testing, assessment, placement services, career counseling, and we may share test scores and job eligibility data with our partners to best serve you. Personal information such as race, ethnicity, sex and disability status is being requested for federal record keeping and reporting requirements and is kept confidential; however, it may be shared with the Partners to determine your eligibility for specific programs.

All WORKFORCE West Virginia employees sign a Confidentiality Agreement.

PLEASE CHECK THE BOXES BELOW, INDICATING HOW YOU WISH TO SHARE YOUR INFORMATION WITH WORKFORCE WEST VIRGINIA AND ITS PARTNERS.

- Work Keys Test Scores
- Assessments
- Eligibility Information
- Placement Services
- Career Counseling
- Veteran Status
- Job Eligibility

- I agree to the release of the information checked above to:
 - Job Service
 - Other Partner Agencies
 - Workforce Investment Act (WIA)
 - Trade Adjustment Act

I have read and understand this release and I have checked all of the boxes that apply.

Signature of WIA Participant

Date

I DO NOT wish my personal information listed above to be released.

Signature of WIA Participant

Date

Learning Center Staff

Date

"Equal Opportunity Employer/Program"
"Auxiliary Aids and Services Are Available Upon Request To Individuals With Disabilities"

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis: Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), 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 WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such program or activity.

What to do if you believe you have experienced discrimination:

If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the recipient;

Alice McVey, Equal Opportunity Officer
WORKFORCE West Virginia
112 California Avenue
Charleston, West Virginia 25305
(304) 558-1600
TDD (304) 558-1549

or

Ramon Surls Fernandez, Director
Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue, NW, Room N-4123
Washington, DC 20210
(202) 693-6502
TTY (202) 693-6515

If you file your complaint with the recipient, you must wait until either the recipient issues a written Notice of Final Action or until 90 days have passed (whichever is sooner), before filing with the CRC (see address above).

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

If the recipient does give you a written Notice of Final Action on your complaint, but 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.

Regional EO Officer Information:

Region 1

Palma Stafford, EO Officer
200 Value City Center, Suite 200
Beckley, WV 25801
Telephone: (304) 253-3611

Region 2

Teresa Dailey, EO Officer
2699 Park Avenue, Suite 210
Huntington, WV 25704
Telephone: (304) 429-5900

Region 3

Charlotte Price, EO Officer
P.O. Box 3726
Charleston, WV 25337
Telephone: (304) 344-5760

Region 4

Janelle Dotson, EO Officer
531 Market Street
Parkersburg, WV 26101
Telephone: (304) 422-4993

Region 5

Erinn Greenfield, EO Officer
109 Mt. Wood Rd, Suite 2
Wheeling, WV 26003
Telephone: (304) 231-1170

Region 6

Amy Hall, EO Officer
17 Middleton Road
White Hall, WV 26554
Telephone: (304) 368-9530

Region 7

Tammy Judy, EO Officer
P.O. Box 849
Petersburg, WV 26847
Telephone: (304) 257-2448

An Equal Opportunity Program/Employer

Auxiliary aids and services are available upon request to individuals with disabilities.

WIA A-26
(R. 02/08)

9-16-09



State of West Virginia
Joe Manchin III
Governor

Office of the Governor
State Capitol
1900 Kanawha Boulevard, E.
Charleston, WV 25305

Telephone: (304) 558-2000
Toll Free: 1-888-438-2731
FAX: (304) 342-7025
www.wv.gov.org

EQUAL OPPORTUNITY POLICY STATEMENT

It is the policy of the State of West Virginia to afford equal opportunity in all aspects of employment and training regardless of race, color, religion, national origin, political affiliation, disability, citizenship, sex or age; and to assure compliance with Section 188(a) of the Workforce Investment Act (WIA), as set forth below.

NONDISCRIMINATION

Section 188(a)

- (1) For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101, *et seq.*), on the basis of disability under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, *et seq.*), or on the basis of race, color, or national origin under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d, *et seq.*), programs and activities funded or otherwise financially assisted in whole or in part under this Act are considered to be programs and activities receiving Federal financial assistance.
- (2) No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of, or in connection with, any such program or activity because of race, color, religion, sex (except as otherwise permitted under Title IX of the Education Amendments of 1972), national origin, age, disability, or political affiliation or belief.
- (3) Participants shall not be employed under Title I of the WIA to carry out the construction, operation, or maintenance of any part of any facility that is used or to be used for sectarian instruction or as a place for religious worship (except with respect to the maintenance of a facility that is not primarily or inherently devoted to sectarian instruction or religious worship in which the organization operating the facility is part of a program or activity providing services to participants).
- (4) No person may discriminate against an individual who is a participant in a program or activity that receives funds under Title I of the WIA with respect to the terms and conditions affecting, or rights provided to the individual, solely because of the status of the individual as a participant.
- (5) Participants in programs and activities or receiving funds under Title I of the WIA shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the U.S. Attorney General to work in the United States.

If you believe you have been subjected to discrimination, you may file a written complaint within 180 days from the date of the alleged violation with either of the following:

Equal Opportunity Officer
WORKFORCE West Virginia
112 California Avenue
Charleston, West Virginia 25305
Telephone (304) 558-1600
TDD (304) 558-1549

Director, Civil Rights Center
U.S. Department of Labor
200 Constitution Avenue, NW, Room N-4123
Washington, DC 20210
Telephone (202) 693-6502
TDD (202) 693-6515


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