

**FUNDING STREAM**  
100% Federal Funding

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*Region 2*

# WORK FORCE

West Virginia  
USA

**Workforce Innovation &  
Opportunity Act (WIOA)**

**Information Pack & Application**

A proud partner of the American  **JobCenter**<sup>®</sup> network



Region 2  
**WORK FORCE**  
West Virginia  
USA

## FOR MORE INFORMATION

### Region 2 WIB Office

ff (866) 262-5348 | p (304) 508-2696 | f (304) 429-1715

### Boone County Office

One Avenue C | Suite 102 | Madison, WV 25130

### Cabell County Office

2699 Park Avenue | Suite 210 | Huntington, WV 25704

Mailing: PO Box 9009 | Huntington, WV 25704

### Lincoln County Office

(Southern's Campus)

81 Panther Way | Hamlin, WV 25523

### Logan County Office

130 Stratton Street | Suite 116 | Logan, WV 25601

PO Box 600 | Logan, WV 25601

### Mingo County Office

(Southern's Campus)

1601 Armory Drive | Room 201 | Williamson, WV 25661

### Putnam County Office

Mid Valley Square

3554 Teays Valley Rd. | Suite 102 | Hurricane, WV 25526

Mailing: PO Box 281 | Teays Valley, WV 25569

### Wayne County Office

608 Hendricks Street | Wayne, WV 25514

- Claude J. Hunt - Executive Director • [chunt@wvregion2.org](mailto:chunt@wvregion2.org) • 304-544-3415
- Melissa Bias – Program Director/ WIOA Young Adult Program  
[mbias@wvregion2.org](mailto:mbias@wvregion2.org) • 304-544-5482
- Chris Grimm – WIOA Adult Career Manager – Cabell, Wayne, Putnam, Lincoln counties  
[cgrimm@wvregion2.org](mailto:cgrimm@wvregion2.org) • 304-584-1451
- Don Roberson – WIOA Adult Career Manager – Logan , Lincoln , Boone counties  
[droberson@wvregion2.org](mailto:droberson@wvregion2.org) • 304-239-1003

# wvregion2.org

An Equal Opportunity Employer/Program • 100% Federally Funded

TDD: (304) 558-1549

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Equal Opportunity Employer / Program • Auxiliary Aids and Services are available on request to individuals with disabilities.

# WIOA EMPLOYMENT PROGRAMS

- ON THE JOB TRAINING
- INCUMBENT WORKER TRANSITIONAL TRAINING
- CUSTOMIZED TRAINING • APPRENTICESHIP

## On the Job Training (OJT)

On the job training is defined as occupational training by an employer that is provided to a paid WIOA participant while engaged in productive work in a position that the WIOA participant has limited or no experience.

1. Employer organized as public, private, or non-profit.
2. Eligibility Review - Employer
  - A. Be up to date on all taxes, unemployment and workers' comp
  - B. If previous OJT contracts need successful retention of participant. \*
  - C. Pay meet \$10 an hour or minimum wage for 18-24\*
  - D. No lay-offs in that position last 12 months\*
  - E. Time limit with approved curriculum
  - F. In business for 1 year\*
  - G. Filled in 45 days\*
  - H. Union agreement by signature if applicable
  - I. Specific by job title\*
3. WIOA Participant Worker Qualifications\*
  - A. Meets WIOA eligible standards - dislocated worker, adult, youth 16-24
  - B. Score level 4 WorkKeys 3-Assessments
  - C. Referral from employer same requirements
  - D. Approved by funding source before hired.

*\*R2 concept or regulation*

## Incumbent Worker (IW)

An incumbent worker is employed, meets the Fair Labor Standards Act requirements for an employee-employer relationship, and has a history of employment with the employer for 6 months or more. The employer is the customer of Region 2 and must qualify under WIOA Section 134(d) (4) and 680.970 which must increase the competitiveness of the employee or employer. A region may spend up to 20% of dislocated and adult formula funds. Funding may come from formula or WIOA discretionary funds for statewide incumbent worker training, which could involve more than one employer as could the formula funds. The employer must participate in the cost of training, R2 will reimburse 40%.

The following six considerations must be documented:

1. Characteristics of the incumbent workers to be trained, the extent to which they historically represent individuals with barriers to employment as defined in WIOA Section 3(24) and how they will benefit from retention, advancement, or pay increase.
2. Quality of training, industry recognized credentials, advancement, etc.
3. Number of participants the employer plans to train or retrain.
4. The wage and benefit levels of participants before and after training.
5. The employer must not have laid-off for 12 months in the occupation or job title and must make a commitment to retain or avert the layoff of the incumbent worker(s) being trained.
6. The employer must not be delinquent in unemployment insurance, workers' comp, compensation taxes, county taxes, or any penalties, or interest on fines.

## Transitional Job (TJ)

Transitional job provides a limited work experience that is reimbursed at a rate not greater than 75% of hourly wage for a period not greater than four weeks or 60 hours, and TJ participants may be subsidized for no greater than 40 hours a week. To qualify the employer must be classified as public, private or non-profit sector and have a business license. The participant must be hired by the employer and have barriers such as but not limited to chronic unemployment to inconsistent work history, or be receiving a form of public assistance from government source. This category is designed to enable a participant to establish a work history, demonstrate work success including basic job skills, and develop skills that will lead to unsubsidized employment. The participant, in addition to the 60 hours of employment, may be required to attend 15 hours of soft skills training, career counseling, etc, and will receive a stipend for attendance during the four weeks. It is anticipated that if the employer retains the participant beyond the four week period a new agreement will be developed to reflect the requirements of an OJT agreement and the employer will be reimbursed at a rate of 50% for a period not to exceed 300 hours of clock time. WIOA regulations allow Region 2 to reserve and spend maximum 10% of their combined total of adult and dislocated worker formula funds.

## Customized Training (CT)

Customized training allows a single employer or group of employers to train non-employee in a set of needed skills in an area. The employer or group then hires the trained individuals. The same requirements apply to employers and they must share in the cost. The maximum we will reimburse is 40%. Participants must meet eligibility requirements. An OJT contract is possible based on individual situations.

## Apprenticeship

Employees must be registered, which will require meeting with Department of Labor (DOL) apprentice specialists and following WIOA and DOL requirements. DOL requirements include an approved curriculum, skill pathway with scheduled pay increases, and meeting all other registration requirements.

## **PLEASE READ EVERYTHING CAREFULLY AND SIGN ALL DOCUMENTS!**

### ***WIOA Fact Sheet***

- You are here today to determine WIOA eligibility. Please wait until you speak to a WIOA Career Planner for specific information.
- WIOA eligibility does not guarantee funding for training costs.
- The WIOA Career Planner will set up an initial appointment. Your appointment will be scheduled after completing your WORKKEYS assessments.
- You must meet with a WIOA Career Planner 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 Career Planner. Remember that the WIOA process takes time and requires the customer to follow the policies and procedures outlined by the Region 2 Workforce Investment Board.

Eligibility is conducted in Huntington on Thursdays at 8:15 a.m. and in Logan on Tuesdays at 9:00 a.m. Allow 4 hours on the day of eligibility for assessments. ***NO FOOD, NO DRINKS AND NO CELL PHONES ARE ALLOWED IN THE ROOM WHEN TAKING THE WORKKEYS ASSESSMENT!***

***For additional information call 1-866-262-5348.***

#### **ATTENTION:**

If you are receiving Unemployment Compensation, or have Exhausted Compensation without returning to work, the only documentation for WIOA eligibility is as follows: This documentation is required for the Dislocated Worker ONLY.

- Proof of citizenship (see next page for acceptable documentation)
- Photo Identification
- Proof of residence (see next page for acceptable documentation)
- Social Security Number verification
- Proof of Unemployment Compensation or layoff letter from employer
- If male age 18 and above, Selective Service Registration verification
- DD-214 for Veteran Status-if applicable

Adults seeking WIOA eligibility determination must provide ALL documentation on the following page including family size and income.

## Workforce Innovation and Opportunity Act (WIOA) 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) MUST HAVE ONE DOCUMENT FROM EACH ITEM WHERE APPLICABLE**

**1. 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 1-151, 1-551, 1-94, I-68SA, I-197, 1-179), if place of birth is shown: hospital record of birth, marriage certificate, baptismal certificate, Native American tribal records*

**2. 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*

**3. Social Security Number (must show #)**

**Document Provided:** \_\_\_\_\_

*Social security card, DD214, employment records, agency printout, unemployment records, W-2, IRS 1722*

**4. Income**

**Document Provided:** \_\_\_\_\_

*Pay stubs for the past two (2) 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*

**5. Family Size**

**Document Provided:** \_\_\_\_\_

*birth certificates, most recent tax return, social security cards of all family members, public assistance records, landlord statement, divorce decree, medical card*

**6. Photo ID**

**Document Provided:** \_\_\_\_\_

*State Issued Document, military ID, school ID*

**7. Residence (must show current physical address)**

*Driver's license, utility bill, rent receipt with address, food stamp record, property tax records*

**8. 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*

**9. 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](http://www.sss.gov/records.html))*

**10. Veteran Status (Must have DD214) (if applicable)**

**Document Provided:** \_\_\_\_\_

**11. Dislocated Worker (if applicable)**

**Document Provided:** \_\_\_\_\_

*Verification from employer, notice of layoff; UI records,*

**12. Disability Status (if applicable)**

**Document Provided:** \_\_\_\_\_

*Voc-rehab letter, Veterans Administration letter or records, Worker's Compensation records, physician statement*

**13. Registered with WorkForce West Virginia**

**Document Provided:** \_\_\_\_\_



The WorkKeys assessment you are required to complete is part of the WIOA eligibility process. The levels you attain will be discussed with our Career Planner, who will explain your scores as compared to your entry levels needed to meet to qualify for classroom training or employment.

Funding from WIOA may or may not be available at this time, but other funding sources will be discussed. Part of the criteria for receiving funding from the WIOA program, is the person applying cannot have any loans in default and should be noted that funding may not be available for classroom training but may be for selection for on the job training contracts with employers.

Your interest in improving your skills demonstrates a commitment to your future and the future of West Virginia. This in turn helps to build a better and stronger workforce.

Claude J. Hunt



Executive Director

## **Workforce Innovation and Opportunity Act (WIOA) and the Eligibility Process**

In order to participate in WIOA you must first be registered with the WORKFORCE West Virginia Center (Job Service). The WIOA 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 WIOA 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 Career Planners to review the results of your assessments and determine what services/training program WIOA 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 Math**

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 34 multiple-choice questions divided into five (5) levels. Level seven (7) being the most difficult, level three (3) being the least difficult.

### **Workplace Documents**

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 35 multiple-choice questions divided into five (5) levels. Level seven (7) being the most difficult, and level three (3) being the least difficult.

### **Graphic Literacy**

Measures your skills with workplace graphics, flowcharts, gauges, and maps. There are five levels of difficulty. Level 3 is the least complex and Level 7 is the most complex. You will compare, summarize, and analyze information found in related graphics. There are 38 questions.

### **Disability Accommodations**

Examinees documenting (no more than five 5 years old) physical or learning disabilities who 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 WorkKeys Assessment from the eligibility staff. Documentation may not be more than 5 years old.**

# Region 2 WIOA 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 WIOA 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 last 10 years of employment history

Are You Currently Employed?  YES  NO

If YES Employer: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Start Date      Job Title      Hourly Wage      Avg Hrs/Wk

### Continued list last ten (10) years of employment history:

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Reason for Leaving:  Lay-Off  Termination  Quit  Other

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Reason for Leaving:  Lay-Off  Termination  Quit  Other

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Reason for Leaving:  Lay-Off  Termination  Quit  Other

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Reason for Leaving:  Lay-Off  Termination  Quit  Other

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Reason for Leaving:  Lay-Off  Termination  Quit  Other

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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
- Mining
- Construction/Renovation
- Professional Services
- Driver's License/CDL
- Real Estate
- General
- Safety
- Healthcare
- Other: \_\_\_\_\_

Title: \_\_\_\_\_

Additional Details/ Description: \_\_\_\_\_

Expiration Date (if applicable): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Experience: \_\_\_\_\_

**FAMILY**

Number In Family (including yourself): \_\_\_\_\_

Definition of Family according to the Workforce Innovation and Opportunity Act – The term “family” means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- (A) A husband, wife, and dependent children.
- (B) A parent or guardian and dependent children.
- (C) A husband and wife.

**ANNUAL FAMILY INCOME** (GrossAmount)

\$ \_\_\_\_\_ **MUST PROVIDE DOCUMENTATION**

**OTHER INCOME INFORMATION:**

Food Stamp Recipient:  YES  NO

Pension:  YES  NO

SSI/SSD Recipient:  YES  NO

Other:  YES  NO

TANF Recipient:  YES  NO

Specify:

**MILITARY HISTORY**

Are you a Military Veteran? **If YES, Must Provide DDI14**  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 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)

- Actual Layoff  Notice of Closure  Termination
- Notice of Layoff  Actual Closure  Self-Employed
- Quit  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

## 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 Innovation & Opportunity 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**

**P.O. Box 9009**

**Huntington, West Virginia 25774**

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 WIOA Compliance Officer Workforce WV**

**1900 Kanawha Blvd. East. Bldg 3 3rd Floor Ste 3113**

**Charleston, WV 25305**

The decision of the State WIOA Compliance Officer is final except where there is reasonable cause to believe the Workforce Innovation & Opportunity 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 Equal Opportunity Is the Law Regional EO Officer information, the State of West Virginia Equal Opportunity Policy Statement, the Civil Rights Statement and the Region 2 Grievance Procedures.

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 (including pregnancy, childbirth and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief; OR,  
Against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship status or participation in any WIOA I-financially assisted program or activity.

The recipient must not discriminate in the following areas:

- Deciding who will be admitted, or have access, to any WIOA 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; or making decisions in the administration of, or in connection with, such a program or activity. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

## WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

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

Nicholas Allen, State Level WIOA EO Officer  
WORKFORCE WV (Recipient)  
1900 Kanawha Blvd., E.  
Building 3, 3<sup>rd</sup> Floor, Unit 3113  
Charleston, WV 25305  
(304) 558-1600  
WV Relay 7-1-1  
WorkForceEO@wv.gov

**OR**

Naomi M. Barry-Perez, Director  
Civil Rights Center (CRC)  
U.S. Department of Labor  
200 Constitution Avenue, NW, Rm. N-4123  
Washington, DC 20210  
(202) 693-6502  
TTY (202) 693-6515 or electronically at  
[www.dol.gov/CRC](http://www.dol.gov/CRC)

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 Civil Rights Center. If the recipient does not give you a written Notice of Final Action within 90 days from 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. I acknowledge I have read this notice.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# 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.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> WorkKeys Test Scores | <input type="checkbox"/> Assessments       | <input type="checkbox"/> Eligibility Information |
| <input type="checkbox"/> Placement Services   | <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Veteran Status          |
| <input type="checkbox"/> Job Eligibility      |  |  |

***I agree to the release of the information indicated above to:***

- |   |   |
|---|---|
| <input type="checkbox"/> Job Service            | <input type="checkbox"/> Workforce Innovation & Opportunity Act |
| <input type="checkbox"/> Other Partner Agencies | <input type="checkbox"/> Trade Adjustment Act                   |

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

**SIGNATURE OF WIOA PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**SIGNATURE OF WIOA PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WITNESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

**South Western West Virginia Region 2 Workforce Investment Board  
WIOA DISCLAIMER**

***ATTENTION CUSTOMERS***

You have applied for eligibility determination regarding possible funding for training under the Workforce Innovation & Opportunity Act (WIOA) program in order to gain employment.

Please note that eligibility determination cannot be made until you have provided all the required documentation. Eligibility determination is just the first step of the required process you must complete. Once eligibility determination has been completed, you must then be assessed by a Career Planner.

Until your assessment has been completed and you have been given notification by your Career Planner of acceptance for participation in the program, ***you must not assume that the cost of your training will be funded by WIOA***. You must be notified and referred by your Career Planner with an Individual Training Account (ITA) to the training provider of your choice, prior to enrollment, before payment for such training will be considered.

The staff of the WORKFORCE West Virginia Career Center and the Region 2 Learning Centers will assist you in any way possible to enroll in and complete the training agreed upon. However, the Career Planners are only responsible for completing a portion of your Individual Training Account (ITA). The remainder of your ITA must be completed by the approved training facility.

Please note that WIOA is funding for community college and vocational technical type training only, and the facility you wish to attend must be a facility approved by the Region 2 Workforce Investment Board.

There are specific policies that you must agree to follow in order to enroll in training. Those policies will be covered in the Memorandum of Understand that you will be asked to read and sign when you meet with your Career Planner.

In addition, until you are referred to a specific training site with an ITA, you must contact the WIOA staff in this office every 60 days to update your WIOA file, and remain active and eligible for training.

Eligibility does not constitute registration into the WIOA Program.

***By signing this form, you are indicating that you understand the information contained above.***

***SIGNATURE OF WIOA PARTICIPANT*** \_\_\_\_\_ ***DATE*** \_\_\_\_\_

***SIGNATURE OF WIOA Career Planner*** \_\_\_\_\_ ***DATE*** \_\_\_\_\_



## Higher Wage Careers/Earnings & Social Security Benefits

***Don't let gender stereotypes determine your career choice! Think "outside the box" for higher earnings now and in the future!***

**Non-Traditional Careers for Women & Mean (average) Hourly Wages**

Automotive Technician - \$15.50	Tractor Trailer Truck Driver - \$17.06	Welder - \$21.27
Electrician - \$25.65	Computer Programmers - \$26.98	Cyber Security Analyst - \$32.63
Computer Network Support Specialist - \$20.62		

**Non-Traditional Careers for Men & mean (average) Hourly Wages**

Paralegal-\$19.96	Registered Nurse-\$25.56	Dental Hygienists-\$24.76
Medical Secretary -\$13.04	Legal Secretary -\$17.07	Dental Assistant-\$13.83
Licensed Practical Nurse \$16.47	Medical Records/Health Information Technician-\$16.14	

*\*All Non-Traditional Careers listed may not be eligible for training funds*

*\*\*Not all-inclusive of Non- Traditional employment-for more information go to [http://www.dol.gov/wb/stats/stats\\_data.htm](http://www.dol.gov/wb/stats/stats_data.htm)*

*\*\*\* Statistical figures based on May 2013 State Occupational Employment and Wage Estimates for West Virginia*

**Impact of Earnings on Social Security Benefits**

Hourly Wage	Annual Earnings	Age 62	Age 67	Age 70
\$30	\$62,400	\$1,470	\$2,089	\$2,590
\$28	\$58,240	\$1,424	\$2,026	\$2,512
\$26	\$54,080	\$1,346	\$1,915	\$2,374
\$24	\$49,920	\$1,268	\$1,804	\$2,237
\$22	\$45,760	\$1,190	\$1,693	\$2,099
\$20	\$41,600	\$1,112	\$1,582	\$1,962
\$18	\$37,440	\$1,034	\$1,471	\$1,824
\$16	\$33,280	\$956	\$1,360	\$1,687
\$14	\$29,120	\$879	\$1,249	\$1,549
\$12	\$24,960	\$801	\$1,138	\$1,412
\$10	\$20,800	\$723	\$1,027	\$1,274

*Disclaimer: All Social Security Benefit information is based solely on estimation of average lifetime earnings*

SIGNATURE OF WIOA PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF WIOA STAFF \_\_\_\_\_ DATE \_\_\_\_\_

# 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 under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of citizenship/lawful residence/work status or participation in any WIOA 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 WIOA 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 a social 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 WIOA funded program or activity. you may file a complaint within 180 days from the date of the alleged violation with either the recipient:

Nicholas C. Allen, Acting Equal Opportunity Officer  
WORKFORCE West Virginia  
1900 Kanawha Blvd. East  
Bldg. 3 3rd Floor. Ste 3113  
Charleston, WV 25305  
304-558-1600  
(TDD): WV Relay 7-1-1

Naomi M. Barry-Perez, Director  
Civil Rights Center, (CRC)  
U.S. Department of Labor  
200 Constitution Avenue NW, Room N-4123  
Washington, DC 20210  
202-293-6502; 202-293-6515 (TTY)

If you file a complaint with the 1st 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.

## Regional EO Officer Information

### ***Region 1***

Barbara Dawes, EO Officer  
200 New River Town Center  
Beckley, WV 25801  
Telephone: (304) 253-3611

### ***Region 2***

Melissa Bias, EO Officer  
PO Box 9009  
Huntington, WV 25704  
Telephone: (304) 429-5900

### ***Region 3***

Amy Farley, EO Officer  
405 Capitol Street, Suite 506  
Charleston, WV 25337  
Telephone: (304) 344-5760

### ***Region 4***

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

### ***Region 5***

Erinn Kittle, EO Officer  
1245 Warwood Avenue  
Wheeling, WV 26003  
Telephone: (304) 231-1170

### ***Region 6***

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

### ***Region 7***

Stacy Swick, EO Officer  
151 Robert C. Byrd Industrial Park Rd.  
Suite 2  
Moorefield, WV 26836  
Telephone: (304) 530-5258