

## Instructions for the Eligibility Packet

### Section 1 - Activation Checklist (one page)

Print your first and last name on the line that reads PARTICIPANT.  
Under that line, please supply a telephone number or two if applicable.  
DO NOT FILL OUT ANYTHING ELSE ON THIS PAGE.

### Section 2 - New Jersey Intake Assessment Form (2 pages)

Fill out everything on both pages of this form. Providing as much detail as possible.  
Be certain to SIGN and DATE on the second page where it reads APPLICANT SIGNATURE.  
DO NOT FILL OUT ANY PORTION BELOW THE "STAFF ONLY" SECTION

### Section 3 - Vocational Assessment (2 pages)

Fill out everything on both pages of this form. Providing as much detail as possible.  
Question #6 – please provide the names and phone numbers of three people that can find you, in the event your counselor is unable to reach you.  
Questions #7 & 10– please answer YES or NO to each sub-question  
Questions #11 & 12 – please answer YES or NO and then IF YES, use space provided to explain. All questions on both pages must be answered – DO NOT FORGET TO SIGN AND DATE on the bottom of the second page.

### Section 4 - Income Worksheet (2 pages)

Print your full name on the line that reads APPLICANT NAME, and next to that, please provide your full (9 digit) social security number. At the bottom of this page, make certain to SIGN and DATE on the line noted APPLICANT'S SIGNATURE. Leave the second page blank.  
DO NOT FILL OUT ANYTHING ON THE 2ND PAGE

### Section 5 - Information Release Form (one page)

Fill out everything on this page. **\*\*IMPORTANT\*\*** Your name is required three times on this page. Twice you are printing your name and the bottom, you are signing your name and dating.

### Section 6 - I-9 Employment Eligibility Verification (2 pages)

Complete only Section 1 on the first page; name, address, DOB and SSN. Under the "I attest" section – indication by check mark which status applies to you. Please sign this form where it reads "Employee's Signature" and date this as well. Second page is information only for acceptable documents as required.  
DO NOT FILL OUT ANYTHING ELSE ON THE I-9 VERIFICATION PAGE

### Section 7 – Nepotism

Answer all questions at the top of this form with yes or no. If any marked yes, complete the middle section information. Please sign and date where it reads "participant".

### Section 8 - Participation Handbook WIOA Discrimination Complaint Form (2 pages)

The first copy of this page, print your name, then sign and date to be returned with the packet. The second copy of this page is for you to keep, for your information. You now have the name of our Equal Opportunity Officer; if you are ever discriminated against going through this process or when you are in school, you can call and register a complaint.

There are several ways to return the completed packet. You can drop off @ 2 S. Main St in Pleasantville, rear door, leave with security (8:30am to 4pm, M-F). You can scan and email to the CSR you connected with. You can mail it in the self-addressed envelope provided to you, if you received by mail. And lastly you can fax to 609-485-0067.

**ONE STOP CAREER CENTER  
DOCUMENTATION REQUIREMENTS**

**IF YOU FAIL TO PROVIDE (COPIES) OF ALL DOCUMENTS NEEDED TO DETERMINE YOUR ELIGIBILITY, YOU CANNOT BE SERVICED AT THIS TIME**

**IN ORDER TO COMPLY WITH THE WIOA PROGRAM REQUIREMENTS, PLEASE PROVIDE (copies) OF THE FOLLOWING ITEMS AS APPLICABLE WITH YOUR ELIGIBILITY PACKET: (\*\*do not send originals)**

**PICTURE ID: (one of these)**  
  
 Driver's License  
 Federal State of County Govt ID card  
 Un-Expire US Passport  
 Work ID Card  
 CCC License

**PUBLIC ASSISTANCE/FOOD STAMPS:**  
  
 Family First Card  
 If you are receiving TANF or GA (general assistance) a Referral for Training will be required from your Case Manager

**PROOF OF ADDRESS: (Must be a resident of Atlantic County) (one of these)**  
  
 Driver's License  
 Federal State of County Govt ID card  
 CCC License  
 A bill addressed to you  
 Bank Statement

**INDIVIDUAL & FAMILY INCOME:**  
  
 Last Paystub & or most recent W-2  
 If married, spouse's last paystub & or W-2  
 Alimony Agreement  
 Child Support  
 Disability Benefits statement  
 Pension Benefits statement  
 Quarterly Estimated Tax if Self-Employed  
 Workers Compensation statement

**SOCIAL SECURITY CARD (signed)**

**CITIZENSHIP/ALIEN STATUS: (One of these)**  
  
 Birth Certificate (USA or Puerto Rico)  
 Un-Expire US Passport  
 Alien Registration Card  
 Naturalization Certificate

**DEPENDENTS: (ALL APPLICABLE)**  
  
 If married, spouse's Social Security Card  
 Marriage License  
 Children's Birth Certificates  
 Most recent Federal Income Tax form 1040

**PROFESSIONAL RESUME**

**SOCIAL SECURITY AWARD LETTER**

**DEGREE (USA)**

**OFFENDER: (ALL APPLICABLE)**  
  
 Court Documents  
 Halfway House Resident placement docs  
 Letter of Parole  
 Letter of Probation

**SELECTIVE SERVICE REGISTRATION NUMBER**

**VETERAN'S OF US MILITARY:**  
  
 Must provide their DD-214  
 (can be found online at [vetrecs.archives.gov](http://vetrecs.archives.gov))

**For more information about completing the eligibility packet, please call one of our Customer Service Representatives at 609-485-0052;**

Name	Extension	Email
Nancy Frates	4820	<a href="mailto:frates_nancy@aclink.org">frates_nancy@aclink.org</a>
Kevin Meyer	4852	<a href="mailto:meyer_kevin@aclink.org">meyer_kevin@aclink.org</a>
Katherine Penate	4880	<a href="mailto:penate_katherine@aclink.org">penate_katherine@aclink.org</a>

**ATLANTIC COUNTY OFFICE OF WORKFORCE  
DEVELOPMENT, TRAINING & NJ YOUTH CORP  
"ACTIVATION CHECKLIST"**

PARTICIPANT \_\_\_\_\_ NJ ID \_\_\_\_\_ FUND SOURCE  
 Adult  
 Dislocated Worker  
PHONE # (1) \_\_\_\_\_ PHONE # (2) \_\_\_\_\_  TANF  
 GA  
COUNSELOR \_\_\_\_\_ CONTRACT # \_\_\_\_\_  Food Stamps  
 Youth  
DISLOCATION DETERMINATION DATE: \_\_\_\_\_ Selective Service Yes \_\_\_\_\_ No \_\_\_\_\_  Other Specify \_\_\_\_\_

\*\*\*\*\*  
SECTION I  
\*\*\*\*\*

Initials (IMU)  
  OSOS Printouts  
  Registration Form/ Checklist / Vocational Assessment  
  OSOS WIOA Eligibility Checklist  
  Income Work Sheet / UI & Income Documentation / I.D. Documentation  
  Information Release Form  
  I-9 Form  
  Nepotism Form  
  WIOA Discrimination Complaint (Grievance Procedure) signed/dated  
  Referral Form: Work First \_\_\_\_\_ DVR \_\_\_\_\_ ABE \_\_\_\_\_ Other/Specify \_\_\_\_\_  
Signature: Intake Reviewer \_\_\_\_\_

\*\*\*\*\*  
SECTION II  
\*\*\*\*\*

Initials (IMU)  
  OSOS Comments, Activities (AOSOS Printouts) Ongoing  
  (Employment Verification) Placement Info/Termination  
  Industry-Valued Credential/Certificate of Completion  
  Participant Contract Packet/Cost Referral Form  
  CASAS Test Scores: R \_\_\_\_\_ M \_\_\_\_\_ Test Date: \_\_\_\_\_  
  Notice of WIOA Enrollment / ABT Request/Eligibility Form (Dislocated Worker WD-24)  
  IEP / Comprehensive Assessment Printout(s)  
  Fact Sheet/Assurances & Certifications/Acknowledgement w/customer signatures  
  Plan for Success  
  Career Beacon Packet (Self-Management Skills & School Search Information)  
  Job Search  
  Initial Resume - To be replaced and updated after training with new skills  
  Monthly Evaluations  
  Time Sheets (Ongoing)  
  Correspondence  
  
  Basic Skill Attainment/ Certificate Info (Older Out-of School Youth only)  
 Pre Date:  
 Post Date:  
Signature: Unit Supervisor \_\_\_\_\_

\*\*\*\*\*  
SECTION III (FINAL ELIGIBILITY REVIEWS)  
\*\*\*\*\*

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Assistant Administrative Supervisor or Higher  
\_\_\_\_\_  
Date: \_\_\_\_\_  
EEO / Monitor \_\_\_\_\_ Activation Checklist 01/06/2021

**NEW JERSEY INITIAL INTAKE AND ASSESSMENT FORM** A proud partner of the American Job Center network **Today's Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SSN#:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YYYY  
**Gender:**  Female  Male

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone # 1:** ( ) \_\_\_\_\_ **Phone # 2:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_ **Contact Preference:**  Postal  Fax  
 E-mail  Primary Phone  Alt. Phone

**Ethnic Heritage:** (choose all that apply)  
 Hispanic or Latino  White  Black or African American  
 Alaskan/American Indian  Asian  Hawaiian/Pacific Islander  
 I choose not to respond

**Marital and Family Status** (choose all that apply)  
 Married  Divorced  Unmarried  
**Household:**  One-parent  Two-parent  
 Not a Family Member(Single)  Other (Dependent, Child)  
 Optional: Pregnant

**School Status:**  
 In-school:  secondary or Less  Alternative  Post-secondary  
 Not attending school:  HS dropout  
 within compulsory age (16 or younger)  
 HS grad/equivalent

**Employment Status:**  
 Employed  Not Employed  
 Employed-Received notice of termination  
 Not in Labor Force (not working + not seeking work)  
 If employed are you working:  
 Full-time  Part-Time  
 Seasonal/Temporary  Self Employed  
 If Not Employed and Homemaker:  
 Spouse providing support  Spouse not providing support

**Education Level (Choose highest only):**  
 No grade  \_\_\_\_ Yrs completed, (1-11) no diploma  
 12th grade, no diploma  HS equivalency  12th grade, HS grad  
 Disabled w/ Cert. IEP

**Post-secondary/Vocational/Associates High School Plus:**  
 Post-secondary no degree:  1 year  2 years  3 years  
 Vocational Certificate:  1 year  2 years  3 years  
 Associates Degree:  1 year  2 years  3 years  
 Other Degree:  BA/BS  Masters  PhD

**US Citizen:**  
 Yes  No  Permanent Resident  
 Alien Reg.# (if applicable): \_\_\_\_\_

**Individual with Disabilities:**  Yes  No  Choose not to disclose [If Yes, please provide this information on Form D, which is kept confidential: Type of Disability: Hearing; Vision; Mental; Mobility; Cognitive/I/DD; Learning; Chronic Health]

**Housing:**  
 Aged out of Foster Care  Foster Child  Homeless  Choose not to disclose  
 Own Home  Rent  Runaway  None Above Apply

**Assessments:** Have you received any of the following in the last six months?  
 Academic Assessment (TABE, Best, etc)  
 Aptitude/Interest Inventory (NJCAN, CareerScope)  
 Skills Inventory (Provetl, etc..)  
 Other(s): \_\_\_\_\_

**Primary Language:**  English  Other Specify: \_\_\_\_\_  
**Offender Status -** Have you been convicted of criminal offense?  
 Yes  No

**Registered with Selective Service ?** (Males born on or after January 1, 1960 only)  
 Yes  
 No  
 Selective Service #: \_\_\_\_\_

**Military Service:**  No  Yes Branch: \_\_\_\_\_ See DVOP Checklist  
 Campaign Veteran  National Guard  /Reserve  Active Duty  
 Transitioning Vet  Discharge  Retirement  Other Eligible  
 Active Service From: \_\_\_\_\_ to : \_\_\_\_\_  
**Service Disability:**  
 Disabled  Not Disabled  Special Disabled  
 Receiving Veteran's benefits or Assistance?  No  Yes  
 If Yes, specify: \_\_\_\_\_

**Migrant Seasonal Farmworker:**  
 Yes  No If Yes, specify below:  
 Seasonal Farmworker  Farmworker  
 Food Process Worker  Dependent of MSFW  
**Farmwork Type:**  
 Production and Services  
 Food Processing

**Military Spouse -** Are you:  
 Active Duty Service Member Spouse  
 Service Member Widow  
 Disabled Veteran Spouse  
 If active duty spouse, has your income been affected by spouse's deployment?  
 Yes  No

If you have any barriers to employment not described on this form which you wish to disclose, please complete Form D.

**Employment Preferences**

Work Week:  Full-Time  Part-Time  Both  Not Seeking Employment at this Time  
Duration:  Regular (150 Days+)  Temporary (150 Days or Less)  Both  
Minimum Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Date Available to Work: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Shift Preference: Willing to work any shift?  Yes  No If No, which shift(s):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Split  Rotating  
Employment Objective(s): \_\_\_\_\_  
Desired Job Titles: 1) \_\_\_\_\_ Experience in position \_\_\_\_\_ Years \_\_\_\_\_ Months  
2) \_\_\_\_\_ Experience in position \_\_\_\_\_ Years \_\_\_\_\_ Months  
Desired Job Location (check one):  5  10  25  50  100 miles from this Zip Code \_\_\_\_\_

**Work History (Current/Last Employer):**

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving:  Lack of Work/Lay Off  Fired  Medical/Health  Quit  Retired  Still Employed  Strike  
 Other (Specify) \_\_\_\_\_  
Job Duties: \_\_\_\_\_

**Work History (Current/Last Employer):**

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for Leaving:  Lack of Work/Lay Off  Fired  Medical/Health  Quit  Retired  Still Employed  Strike  
 Other (Specify) \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Additional Skills: \_\_\_\_\_

Professional Associations: \_\_\_\_\_

**Certificate/Special Licenses**

Certificate/License: \_\_\_\_\_ Issued by: \_\_\_\_\_  
Issued Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
Education-Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_ School: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_

**Driver's License**

License:  No  Yes State: \_\_\_\_\_  
Type:  CDL-A  CDL-B  CDL-C  Auto  Moped  
Endorsements:  Passenger Transport  Hazardous Materials  
 Tank Vehicle  Motorcycle  School Bus  Doubles/Triples  
 Tank Hazards  Air Brakes

*I attest that the information provided is true and accurate any misrepresentation may be grounds for termination from program(s). I further understand that being determined eligible for services and/or training does not necessarily entitle me to service/training*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Reviewed/Verified By \_\_\_\_\_ Date \_\_\_\_\_

**Staff Use Only**

WIOA Adult  WIOA Dislocated Worker  TANF Assistance start date: \_\_\_\_\_  
 WDP Grant (Specify: \_\_\_\_\_)  SNAP Case #: \_\_\_\_\_  
 National Dislocated Worker Grant  GA  CAVP  Income Status:  
 100% LLSIL  70% LLSIL  Not Disclosed  
 Local Priority (Specify): \_\_\_\_\_

**Barriers to Employment:**  ELL/Lower Level Literacy AND Facing Substantial Cultural Barrier  
 Youth In/Aged out of Foster Care  Low-Income Individual  Displaced Homemaker  Disability  
 Indian/Alaska native/Native Hawaiian  Homeless Individual  Long-Term Unemployed  Ex-Offender  
 Within 2yrs of TANF exhaustion  Eligible MSFW  Single Parent  Older Individual

WIOA Youth ISY  WIOA Youth OSY  Low-Income (LI)  Additional Info:  Underemployed  AOSOS ID#: \_\_\_\_\_  
 High Poverty Area  5% Limitation  Interested in Nontraditional Employment

OSY:  Foster Youth  Dropout  Homeless  Not Attended Last Q  
 Offender  Low Income AND Basic Skills Deficient  Pregnant/parenting  
 Disability  Low Income AND youth who Requires Add'l Assistance (Local criterion only)  
ISY:  Low-Income AND:  BSD  English Language Learner  
 Offender  Homeless  Foster Youth  Pregnant/parenting  
 Disability  Youth who Requires Add'l Assistance (local criterion only)  
**Referral Source:**  
 DVRS  LWD  UI  
 CBO/FBO  Self  Other Local Area  
 Employer  Media  Adult Education  Library  
 Probation  Parole  Public Education  Relative/Friend  
 Re-entry/Second Chance  Public Assistance Agency

# ATLANTIC COUNTY OFFICE OF WORKFORCE DEVELOPMENT, TRAINING AND NEW JERSEY YOUTH CORPS

## VOCATIONAL ASSESSMENT

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

2. HOW DID YOU FIND OUT ABOUT OUR ONE-STOP CENTER? \_\_\_\_\_

3. DO YOU REQUIRE ASSISTANCE TO PARTICIPATE IN A TRAINING PROGRAM; I.E.,  
HOUSING, CHILD-CARE? IF YES, PLEASE EXPLAIN \_\_\_\_\_

4. WHAT IS YOUR SOURCE OF INCOME? \_\_\_\_\_

5. NUMBER IN FAMILY: \_\_\_\_\_ FAMILY INCOME (In Last 6 Months) \$ \_\_\_\_\_

6. PLEASE LIST NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THREE CLOSEST RELATIVES OR  
FRIENDS. *(REQUIRED TO BE COMPLETED)*

	<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE #</i>
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____

7. DO YOU RECEIVE SERVICES FROM:

UNEMPLOYMENT INSURANCE	YES _____	NO _____
S. S. I.	YES _____	NO _____
VOCATIONAL REHABILITATION	YES _____	NO _____
FOOD STAMPS Case Number _____	YES _____	NO _____
TANF Case Number _____	YES _____	NO _____
General Assistance Case Number _____	YES _____	NO _____
OTHER (Please Explain) _____		

8. WHAT TYPE OF JOB ARE YOU SEEKING? *(EXPLAIN WHY)*

\_\_\_\_\_

\_\_\_\_\_

9. WHAT JOB SKILLS DO YOU HAVE THAT WILL HELP SELL YOU TO AN EMPLOYER?

\_\_\_\_\_

\_\_\_\_\_

10. HAVE YOU EVER BEEN LICENSED BY THE Division of Gaming Enforcement?

*(35 Casino Registration)*

YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE A VALID 35 Casino Registration?

YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A RENEWAL?

YES \_\_\_\_\_ NO \_\_\_\_\_

11. HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, Please Explain: Date of Conviction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VOCATIONAL ASSESSMENT CONTINUED

12. HAVE YOU EVER BEEN WARNED OR DISCHARGED FOR ANY FORM OF HARRASSMENT, FIGHTING OR INAPPROPRIATE BEHAVIOR? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN:

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13. WHY DO YOU FEEL YOU NEED TRAINING?

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14. WHAT ARE YOUR GOALS?

SHORT TERM: \_\_\_\_\_

LONG TERM: \_\_\_\_\_

15. WHAT OBJECTIVES MUST YOU ACCOMPLISH IN ORDER TO MEET YOUR GOALS?

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16. IF CONSIDERED FOR TRAINING, WHAT WOULD YOU LIKE TO BE TRAINED FOR THAT IS DIFFERENT FROM YOUR CURRENT CAREER? \_\_\_\_\_

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17. IF CONSIDERED FOR TRAINING AFTER YOUR JOB SEARCH, HOW DO YOU INTEND TO SUPPORT YOURSELF/FAMILY? \_\_\_\_\_

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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(Please sign)

INCOME WORKSHEET

Applicant Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

APPLICANT/FAMILY MEMBERS IN HOUSEHOLD	AGE	SOURCE OF INCOME EMPLOYMENT/OTHER	INCOME (PAST 6 MONTHS X 2)*	TOTAL FAMILY INCOME

**\*Or use 6-month income compared to ½ the Poverty or 70% of Lower Living Standard Income Level. Employed adults and dislocated worker applicants must use the self-sufficiency level of 100% of the Lower Living Standard Income Level or if higher, the levels as determined by the Workforce Development Board.**

TOTAL NUMBER IN FAMILY UNIT \_\_\_\_\_ TOTAL ANNUALIZED FAMILY INCOME \$ \_\_\_\_\_

Poverty level and 70% lower living standard level for this family size: \$ \_\_\_\_\_

For employed individuals, 100% LLSIL (or higher level as set by WDB Policy) for this family size: \$ \_\_\_\_\_

Applicant's includable family income is at or below the appropriate level: YES \_\_\_\_\_ NO \_\_\_\_\_

**CERTIFICATION:** I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification and I may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment. Knowingly falsifying information will subject me to prosecution for fraud. I hereby give permission to verify my income by contacting my place of employment or agency from which I received benefits.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT, IF APPLICANT IS MINOR: \_\_\_\_\_ DATE \_\_\_\_\_

CERTIFIER'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_



**INCOME DETERMINATION METHOD:**

- |    |                                      |                                     |
|----|--------------------------------------|-------------------------------------|
| 1. | <b>Straight Pay or Salary Method</b> | <b>(minimum 3 pay stubs)</b>        |
| 2. | <b>Average Pay Method</b>            | <b>(minimum 3 pay stubs)</b>        |
| 3. | <b>Year-to-Date Method</b>           | <b>(most recent pay stub)</b>       |
| 4. | <b>Highest Pay Method</b>            | <b>(minimum 3 pay stubs)</b>        |
| 5. | <b>Intermittent Work Method</b>      | <b>(attach applicant statement)</b> |

**FAMILY MEMBER**

**INCOME DETERMINATION METHOD ( )**

**FAMILY MEMBER**

**INCOME DETERMINATION METHOD ( )**

**FAMILY MEMBER**

**INCOME DETERMINATION METHOD ( )**

**FAMILY MEMBER**

**INCOME DETERMINATION METHOD ( )**

**FAMILY MEMBER**

**INCOME DETERMINATION METHOD ( )**

**(USE ADDITIONAL PAGES IF NECESSARY)**

**ATLANTIC COUNTY OFFICE OF WORKFORCE DEVELOPMENT, TRAINING  
AND NEW JERSEY YOUTH CORPS**

**Information Release Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
(applicant)

**Last 4 of SSN:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

By signing below, I \_\_\_\_\_,  
hereby authorize the release of my personal information to and from the Atlantic County Office of Workforce Development, Training, and New Jersey Youth Corps for verification and information exchange purposes including, but not limited to my: known addresses, income, employment history/data, school records and/or Social Security data. This information supplied and obtained from sources including, but not limited to my employers, the Social Security Administration, and other pertinent data sources determines Workforce Innovative Opportunities Act (WIOA) program eligibility and verifies my proof of citizenship, place and date of birth, Social Security numbers, wage and income amounts, addresses, phone numbers, etc. This released confidential information will also be utilized for program tracking.

I understand that Atlantic County Office of Workforce Development, Training, and New Jersey Youth Corps tracks customers prior to and after the completion of program services; therefore, as a participant, I authorize the release of my income and employment data prior to and after the completion of all of my employment and training objectives.

\_\_\_\_\_  
(parent or guardian signature –  
required of all youth under 18 years of age)

\_\_\_\_\_  
(Applicant Signature / date)



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

*Employer Completes Next Page*

**LISTS OF ACCEPTABLE DOCUMENTS**  
All documents must be UNEXPIRED

Employees may present one selection from List A,  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
	11. Clinic, doctor, or hospital record			
	12. Day-care or nursery school record			

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**ATLANTIC COUNTY OFFICE OF WORKFORCE DEVELOPMENT, TRAINING AND  
NEW JERSEY YOUTH CORPS**

**CONFLICT OF INTEREST/NEPOTISM CERTIFICATION**

Do you have a relative / partner who works for any of the following:

- A. Atlantic County? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. A Municipality within Atlantic County? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. A Non-Profit Organization? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. A School Board? Yes \_\_\_\_\_ No \_\_\_\_\_

Is any relative / partner of yours an elected or appointed official in Atlantic County or any municipality within either county? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the above is yes, please complete the following:

*Name of relative / partner:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_

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

*Title or position held:* \_\_\_\_\_

I hereby certify that the above statements are true. I understand that falsification of this information can result in immediate termination from WIOA.

Participant \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

## PARTICIPANT HANDBOOK

### WIOA DISCRIMINATION COMPLAINT EQUAL OPPORTUNITY IS THE LAW

The Atlantic County Office of Workforce Development, Training, and New Jersey Youth Corps, is committed to providing you with the training and service you need to obtain employment. We are hopeful that you have a pleasant and productive experience. We are committed to equal employment opportunity in all aspects of our program.

It is against the law for the New Jersey Department of Labor and Workforce Development and all recipients of the Workforce Innovation and Opportunity Act financial assistance to discriminate against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, genetics, political affiliation or belief; and Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (WIOA), 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 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- 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.

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:

The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or  
The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your 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). *The recipient must offer you alternative dispute resolution in an effort to resolve your complaint.*

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 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 CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action, (29 CFR Part 38.30).

**For more information on the above contact:**

**State Equal Opportunity Officer**

Michael Ayles  
New Jersey DOL and Workforce Development  
PO Box 393  
Trenton, New Jersey 08625-0393  
Telephone: 609-292-8448  
TDD #: 1-800-949-4232

**Workforce Development Equal Opportunity Officer**

Daniel Adams  
Atlantic County One-Stop Career Center  
2 S. Main Street, 2<sup>nd</sup> Floor  
Pleasantville, NJ 08232  
Telephone: 609-485-0052 Ext. 4817

**Complaint Specialist**

Paul McClellan  
Atlantic County One-Stop Career Center  
2 S. Main Street  
Pleasantville, NJ 08232  
Telephone: (609)813-3901 TDD: 1-800-949-4232

Client Name (Print) \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_



*Working Together to Keep New Jersey Working*



*An Equal Opportunity Employer*

## PARTICIPANT HANDBOOK

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Client Name (Print) \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_



*Working Together to Keep New Jersey Working*



*An Equal Opportunity Employer*