



**Staff Only**

Enrollment Date:

Workforce Case #:

**TENCO WORKFORCE DEVELOPMENT BOARD  
Workforce Innovation & Opportunity Act Program Application**

**DEMOGRAPHICS**

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Maiden (if applicable)

Gender:  M  F  Not Disclosed Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Registered for Selective Service  Yes  No  N/A Veteran Status:  Yes  No

Spouse of a Veteran:  Yes  No Marital Status:  Married  Single  Separated

Number of dependents: \_\_\_\_\_

Disability Status:  Yes  No  Not Disclosed U.S. Citizen  Yes  No

Address: \_\_\_\_\_ County: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Phone # \_\_\_\_\_ Text  2<sup>nd</sup> Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Contact Preference:  Phone  Email  U.S. Mail

**EDUCATION**

Educational Status:  Less than high school  High school/GED  Some Post-secondary  Post-secondary graduate

Currently attending school:  Yes  No Name of Last School Attended: \_\_\_\_\_

If applicable, list post-secondary credential and date received:

\_\_\_\_\_  
Credential Date

**EMPLOYMENT**

Last Company Worked: \_\_\_\_\_

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

Is this job seasonal:  Yes  No      Are you a migrant farm worker?  Yes  No

If laid off, was the layoff Trade Act affected:  Yes  No

**HOUSEHOLD INFORMATION:**

Do you have an active Unemployment Insurance claim?  Yes  No

Are you receiving public assistance?  Yes  No

If applicable, is your spouse working?  Yes  No

**CHALLENGES:**

Please mark any/all that apply.

- No Valid Driver License
- No Reliable Transportation
- Lack of Basic Needs (food, housing, utilities, etc.)
- Pregnancy
- Lack of Child or Dependent Care
- Health Problems
- Drug or Alcohol Dependency
- Legal Issues
- Lack High School Diploma
- Limitations due to a Disability
- Poor Work History
- English Language Learner
- Difficulty with basic reading and/or math skills

**REQUESTING ASSISTANCE:**

Please mark any/all that apply.

- Completing Applications
- Resume preparation
- Interviewing
- How to Job Search
- Links to Employment Opportunities
- Educational/Training Opportunities
- Other: \_\_\_\_\_

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

## **TENCO WORKFORCE DEVELOPMENT AREA PARTICIPANT GRIEVANCE PROCEDURES**

The following grievance procedures are established for individuals participating in activities sponsored by the TENCO Workforce Development Board.

Participants shall follow Grievance Procedures for any alleged violation of program activity sponsored by TENCO Workforce Development Area. The Grievance Procedures shall apply to alleged violations of Title I of the Workforce Innovation and Opportunity Act, Regulations and any other programs under which the individual is participating. Participants have one (1) year from the date of the alleged occurrence to file a grievance. Exceptions include complaints alleging fraud, criminal activity, or Equal Opportunity (EO) discrimination, which should be filed within 180 days.

Rules and policies governing selection, participation, attendance, or employment procedures of the employer or agency, applicable to regular (non-funded) employees, shall apply to any participant who is to be terminated by an employer or agency from a training or employment position subsidized by Workforce Innovation and Opportunity Act, Title I, funds or other funds approved by the local Board. Participant recourse shall be the same as that available to other employees/trainees with the same employer or agency.

### **GRIEVANCE PROCEDURE:**

1. The participant may request a hearing with the employer/training agency to attempt to resolve the complaint. This request must be made in writing to the employer/training agency by completing and signing the WDA-13 (Request for Grievance Hearing).
2. After a hearing with the employer/training agency and any other appropriate individuals, a written decision will be provided by certified mail from the employer/training agency within seven (7) calendar days (WDA-14A, Summary of Hearing).
3. If, within seven (7) calendar days, a decision has not been provided, or an appeal to the decision is requested, a written request for a formal hearing must be filed with the WDA Director within 10 calendar days, by completing the WDA-14B (Request for Formal Hearing) and submitting to:

Director, TENCO Workforce Development Area  
Buffalo Trace Area Development District  
201 Government Street, Suite 300; P.O. Box 460  
Maysville, Kentucky 41056

4. If after submitting the WDA 14-B, Request for a Formal Hearing, an unsatisfactory decision is received from the local WDA Director or a decision was not made in writing within 60 days, the participant has the right to a final appeal review by the Equal Opportunity Officer for the Department of Workforce Investment at 600W. Cedar Street, Louisville, KY 40202.
5. The request for the review by the Appeals Agency shall be filed within 10 days of receipt of the unsatisfactory decision or 15 calendar days from the date on which the complainant should have received a decision.
6. The Education Cabinet will render a final decision within 30 days of the date of receipt of the request for review.

7. Failure to follow these steps and time frames may result in your complaint being dismissed.

Any person wishing to file a complaint regarding equal opportunity discrimination may do so by following the Office of Civil Rights Complaint Processing Procedures. Forms for filing a discrimination complaint or other types of complaints may be obtained from the TENCO Workforce Development Area Equal Opportunity Officer (1-800-998-4347).

Additional Facts

1. The Directorate of Civil Rights (DCR) encourages informal resolution of complaints whenever possible. However, attempts at informal resolution must be considered as concurrent with, and an addendum to, filing a formal complaint with DCR.
2. Discrimination on the basis of pregnancy against participants of any program sponsored by the WIB is prohibited under the 1978 Pregnancy Disability Amendment to Title VII of the Civil Rights Act of 1964.
3. The Immigration Reform and Control Act of 1986 prohibit staff from discriminating in the verification of employment status on the basis of national origin and citizenship. Complaints alleging discrimination in the verification process on the basis of national origin or citizenship shall be filed with the Office of the Special Counsel (OSC) for Immigration Related Unfair Employment Practices, U.S. Department of Justice, P. O. Box 65490, Washington, D.C., 20035-5490.
4. The United States Department of Labor regulations, implementing Title VI of the Civil Rights Act of 1964, as amended at 29 CFR Part 34 and Part 31, and Section 504 of the Rehabilitation Act of 1973, as amended, at 29 CFR Part 32, mandates that prescribed procedures for processing complaints of discrimination be established.
5. Complaints alleging age discrimination (Age Discrimination Act of 1975) will be processed in accordance with the provisions at 29 CFR Part 34.

***By signing below, I attest that I have been instructed as to my rights and responsibilities for services I am seeking and do hereby acknowledge understanding of the same. I further acknowledge that I have received a copy of OTR-513 (Equal Opportunity is the Law).***

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**WITNESSED BY:**

\_\_\_\_\_  
**TENCO Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WIOA Career Counselor**  
**Title**

**NOTE:** Three (3) copies will be completed. One (1) original will be given to the applicant; one (1) will be retained by the certifying agency; and the original will be mailed to the TENCO Workforce Development Area with the application.

## EQUAL OPPORTUNITY IS THE LAW

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

- 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 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 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 a WIOA Title I-financially assisted program or activity, you may file a written complaint within 180 days from the date of the alleged violation with either:

- Stephen Culp, Equal Opportunity Officer, 201 Government Street, Maysville, KY 41056; Email [sculp@btadd.com](mailto:sculp@btadd.com); phone # 606-564-6894 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).

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.

### **CERTIFICATE OF NOTICE**

**I certify that I have been furnished a copy of this Equal Opportunity Is The Law Notice, and that the Notice has been discussed with me.**

\_\_\_\_\_  
**Applicant/Participant/Employee**

\_\_\_\_\_  
**Date**

Original - to file  
 Copy - to customer

**TENCO  
WORKFORCE INNOVATION AND OPPORTUNITY ACT**

**WAIVER FOR RELEASE OF RECORDS**

I, \_\_\_\_\_ Social Security # \_\_\_\_\_,  
do hereby consent the release of the following records to a TENCO WDA  
representative:

- Financial Aid records
- Educational records (class attendance, cost of attendance, class schedules, grades, and transcripts)
- Employment records (including hire date, wage, and benefits)
- Unemployment Insurance records
- Test Results (Achievement, Interest, Psychological, Drug, and/or other tests results as requested)
- Disability and/or Medical records
- Social Security records
- Police records, court records, and criminal background check information
- Public Assistance records (KTAP and/or SNAP)

I understand that TENCO Workforce Development Area will retain a copy of my records and this information will be maintained solely by TENCO WDA unless releasing these records are necessary to accomplish program goals, or as required by law or other agencies in which I am participating. All records obtained are used for the purpose of eligibility determination, determination of WIOA funding, assistance in securing or retaining employment, or maintaining records required for the provision of services.

I consent for release of my records to the TENCO Workforce Development representative.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
WDA Representative

\_\_\_\_\_  
Date

**WORKFORCE INNOVATION AND OPPORTUNITY ACT, TITLE 1  
WIOA – 2**

**PART A**

**IDENTIFYING INFORMATION**

\_\_\_\_\_ Applicant's Last Name      \_\_\_\_\_ First Name      \_\_\_\_\_ M.I.

**EKOS ID#** \_\_\_\_\_

**APPLICANT STATEMENT/SELF-ATTESTATION** I hereby certify, under penalty of perjury, that \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If applicant cannot obtain satisfactory witness or provide a telephone contact, explain in area above.)

I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

\_\_\_\_\_ Applicant's Signature      \_\_\_\_\_ Date      \_\_\_\_\_ Parent/Legal Guardian's Signature      \_\_\_\_\_ Date

**CORROBORATING WITNESS SIGNATURE**

I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for penalties as specified by law.

\_\_\_\_\_ Signature of Corroborating Witness      \_\_\_\_\_ Date      \_\_\_\_\_ Witness' Relationship to Applicant

\_\_\_\_\_ Address of Witness      \_\_\_\_\_ Phone Number of Witness

**PART B**

**FOR OFFICE USE ONLY**

<b>ELIGIBILITY ITEM</b>	<b>DOCUMENT INSPECTION</b> Document or computer screen/program viewed Document # and expiration date (if available)	<b>TELEPHONE/EMAIL VERIFICATION</b>
		Agency: _____ Individual: _____ Phone # : _____
		Verification provided: _____
		Date/time verified _____

**PART C**

**STAFF STATEMENT** For Part A and/or Part B above, I attest that:

The above applicant statement is being used for documentation of the following eligibility criteria: \_\_\_\_\_

\_\_\_\_\_

The document inspected or computer inquiry verified the item required determining eligibility for the WIOA program.

The information recorded by me on this document was obtained through telephone contact. If provided by an agent, all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.

\_\_\_\_\_ Authorized Staff Signature      \_\_\_\_\_ Date

PART D

I attest that the information provided is true to the best of my knowledge. I am aware that I am subject to immediate termination if I am found to be ineligible after enrollment, and that I will be held financially liable for any WIOA Title I funds expended on my behalf due to false or misleading information which I provided. "It shall be unlawful for any Federal, state or local government agency to deny to any individual any right, benefit, or privilege by law because of such individual's refusal to disclose his social security number."(Section 7 of the Privacy Act (5 U.S.C. Section 552a Note (Disclosure of Social Security Number)). Staff shall ensure that social security numbers are maintained in a secure and confidential manner. For purposes of compliance with ETA training programs, staff may use social security numbers only for the calculation of program performance measure outcomes.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**AGENCY STAFF USE ONLY**

PART E

**WIOA Title I Program(s) Eligible For:**

- Dislocated Worker**     **Adult**     **Out-Of-School Youth**     **In-School Youth**     **NDWG**
- (Age 18 and older)                      (Age 16-24)                      (Age 14-21)

I attest that the verification process has been completed in accordance with WIOA Title I and the individual is eligible.

- Need for WIOA services has been verified and documented in EKOS and/or participant case file.

\_\_\_\_\_  
Authorized Staff Signature

\_\_\_\_\_  
Date Eligibility Determined

PART F

**UPDATE OF WIOA Title I Program(s) Eligible For:**

- Dislocated Worker**     **Adult**     **Out-Of-School Youth**     **In-School Youth**     **NDWG**
- (Age 18 and older)                      (Age 16-24)                      (Age 14-21)

I attest that the update process has been completed in accordance with WIOA Title I and that the individual is eligible for the category specified in this section.

Items updated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Staff Signature

\_\_\_\_\_  
Date of Update

Name \_\_\_\_\_