

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Gender _____ Date of Birth _____

Street Address _____ City _____ Zip Code _____

Phone Number _____ Email Address _____

Are you authorized to work in the U.S.? Yes No Are you a Prince William County resident? Yes No

Please check the category that best describes the employment challenges you have faced related to COVID-19:

- Laid-off Furloughed Difficulty finding employment Leave of Absence
 Currently underemployed (earning significantly less than previous wages OR earning insufficient wages for the region)
 Other (please explain): _____

Are you Proficient in English? Yes No If not, what language do you speak? _____

Are you a Veteran? Yes No If yes, were you honorably discharged? Yes No

Do you consider yourself to be of Hispanic or Latino Heritage? Yes No I do not wish to answer

What is your race? (Check all that apply) African American/Black American Indian/Alaskan Native
 Asian Hawaiian/Other Pacific Islander White I do not wish to answer

The information below will help staff to better assist you in finding employment and will not be provided to employers.

Do you have a disability? Yes No I would prefer to speak privately
If yes, check all that impact your ability to work: Physical Mental Learning Sensory Other

Have you even been arrested or convicted of a crime? Felony Misdemeanor Other No

What is your highest level of education? Less than HS HS Diploma/GED Bachelor's Degree
 Master's Degree Higher than a Master's Degree

If you have received post-secondary (beyond high school) education, please describe: _____

Are you currently employed? Yes No If no, what was your last date of employment? _____

If no longer working, why did you leave the job? _____

Current/Most Recent Employer _____ Job Title _____

Wages _____ hourly annually Hours per week _____

How did you hear about this program? _____

I certify that the information provided above is accurate. I understand I will need to provide verification of identity, right to work in the U.S., and residency in Prince William. I understand that I must provide confirmation of training completion and credential attainment if applicable.

Applicant Signature: _____ Date: _____

CONFIDENTIALITY POLICY

It is the policy of the Virginia Career Works Northern Board to protect the confidentiality of all customer’s information.

Maintenance and Release of Data: Program Operators must collect data in order to document eligibility and provide services for ELEVATE. The Virginia Career Works Northern Board and its Program Operator and subcontractors will make every effort to collect and store data in a manner that ensures it will not be accessible to anyone without authorized access. Data collected will only be used to document eligibility or provide ELEVATE program services. Any other use of customer data will require written consent from the customer or customer's parent/legal guardian. Upon request, data can be released to the subject of the information.

Access to Data: Upon request, Program Operators shall make available to the designated funding agency and its designated agents, as well as to government authorities and its designated agents, access to all documents and working papers. Access includes the right of designated agents to obtain copies of working documents, as is reasonable and necessary to determine compliance with and ensure enforcement of the provisions of the Workforce Innovation and Opportunity Act.

Disclosure of Individual Identity: The identity of any individual who furnishes information relating to an investigation, compliance review, or customer satisfaction survey, including the identity of any individual who files a complaint, must be kept confidential to the extent possible, consistent with a fair determination of the issue. If it is deemed necessary to disclose an individual's identity, this individual must be protected from retaliation.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS POLICY. ANY QUESTIONS I HAVE REGARDING THIS POLICY HAVE BEEN ANSWERED.

Applicant Signature: _____ Date: _____

EQUAL OPPORTUNITY (EO) RIGHTS NOTIFICATION

IMPORTANT! Below is important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Please contact your local Virginia Career Works – Northern Center for assistance in the translation and understanding of the information in this document.

Equal Opportunity is the Law

This recipient is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the ELEVATE program in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any ELEVATE-funded program or activity. If you think that you may have been subjected to discrimination under the ELEVATE program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient’s Equal Opportunity Officer: David Hunn, Executive Director, Northern Virginia Workforce Development Board, 8300 Boone Avenue, Suite 450 Vienna, VA 22182 or you may file a complaint directly with the Director, Directorate of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, NW Room N-4123, Washington, DC 20219. If you elect to file your complaint with the recipient, you must wait for the recipient issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the recipient has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with DCR within 30 days of the expiration of the 60 day period. If you are dissatisfied with the recipient’s resolution of your complaint, you may file a complaint with the DCR. Such complaint must be filed within 20 days of the date you received notice of the recipient's proposed resolution.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE NOTIFICATION ABOVE. ANY QUESTIONS I HAVE REGARDING THIS NOTIFICATION HAVE BEEN ANSWERED.

Applicant Signature: _____ Date: _____

CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

Client Name: _____ Date of Birth: _____

Address: _____

I, _____, authorize Virginia Career Works-Northern and the ELEVATE Program, funded through the American Rescue Plan Act, to exchange employment information and education/training information with the following agencies: ELEVATE funding agencies including Prince William County Department of Economic Development, Fairfax County Government, partner agencies/organizations of Virginia Career Worker-Northern, and training providers including Prince William County Public Schools and Northern Virginia Community College.

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

This authorization is good for one year after the completion of ELEVATE services unless otherwise requested in writing by the signatory.

Signature: _____ Date: _____