

EDUCATION EMPLOYMENT

Together, we can head down a better career path.

Education to Employment at Iowa Western is a FREE* program designed to enhance your skills and employability while preparing you for vocational training and even college degree programs.

Benefits Include:

- Financial assistance including program tuition and books, required fees, and other services.
- Program advising to track progress toward completion.
- Development of a career or degree plan.
- Job search assistance, including resume development and critiquing, and interviewing skills.
- Participants will also receive industry related certifications.
- Learn from industry professionals.
- Grow leadership and career skills.

Please return the following information to IWCC Adult Learning Center, Kinney Hall, 2700 College Road, Council Bluffs, IA 51503

HERE'S HOW IT WORKS:

1. SEE IF YOU'RE ELIGIBLE*.

- You must be a resident of Iowa and 18 years of age or older (other requirements may apply).

2. APPLY FOR THE PROGRAM.

- Provide the completed application
- Copy of a current resume
 - (Contact David Pollock at 712.388.6858 or dpollock@iwcc.edu for assistance)
- Copy of NCRC results or certificate
 - (Call 712.256.8800 to schedule the assessment)
- Copies of income documentation
 - 6 months prior from the date the application was signed
 - Copies of paystubs
 - Married? Must include your spouse's income documentation also
- A valid government issued Iowa I.D. (Driver's license, State Issued I.D., etc.)

For more information or a list of available training options, visit: Edu2Employ.com

Questions? Call 712.256.8800 or email adulthood@iwcc.edu

Education to Employment Application

DIRECTIONS: Please answer all questions completely. Applications are valid for 6 months from signature date.

****INCLUDE DOCUMENTATION OF 6 MONTHS OF GROSS FAMILY INCOME****

A: BASIC INFORMATION (Please use blue or black ink)

First Name:	Middle Initial:	Last Name:
Residency Address:		
Mailing Address:	City:	State: Zip:
Home Phone:	Alt. Phone:	Email:
Date of Birth:	Gender:	Social Security #:

Please indicate the source of referral:

<input type="checkbox"/> Contacted on own	<input type="checkbox"/> IWCC Adult Learning Center/HiSET Program
<input type="checkbox"/> Promise Jobs	<input type="checkbox"/> IWCC Web site
<input type="checkbox"/> West Central Community Action	<input type="checkbox"/> Newspaper (Name of Paper _____)
<input type="checkbox"/> Vocational Rehab	<input type="checkbox"/> Mailing
<input type="checkbox"/> IowaWORKS/Workforce Development	<input type="checkbox"/> Other: _____

<p>With which of the following do you identify?</p> <input type="checkbox"/> European American Non-Hispanic (White) <input type="checkbox"/> African American Non-Hispanic <input type="checkbox"/> Hispanic	<p>Eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Citizenship Status:</p> <input type="checkbox"/> US Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other Eligible Non-Citizen
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B: INCOME ELIGIBILITY VERIFICATION

Do you have the primary responsibility for supporting the individuals in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Family Income from the last 6 months: \$	
Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Government Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list:
SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSDI: <input type="checkbox"/> Yes <input type="checkbox"/> No
DHS Childcare: <input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment: <input type="checkbox"/> Yes <input type="checkbox"/> No
FIP/Promise Jobs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Promise Jobs Advisor:

C: HOUSEHOLD COMPOSITION

Please list everyone that lives with you, or that you consider part of your family.

Name	Age	Relationship
		SELF (APPLICANT)

D: CHECK ALL STATEMENTS THAT APPLY TO YOU

<input type="checkbox"/> Single parent	<input type="checkbox"/> Limited English proficiency
<input type="checkbox"/> Have not worked in the last six months	<input type="checkbox"/> No employment history
<input type="checkbox"/> Have not attended vocational training	<input type="checkbox"/> Previous training did not lead to employment
<input type="checkbox"/> Physical or mental disability	<input type="checkbox"/> Housing issues or homeless
<input type="checkbox"/> Displaced homemaker (<i>out of workforce for several years & have lost support</i>)	
<input type="checkbox"/> Veteran – branch and date of separation:	

<input type="checkbox"/>	Have not maintained employment for more than six months
<input type="checkbox"/>	Currently employed – <i>if yes, what days/hours are you working:</i>

E: EDUCATION

High School Diploma/ Equivalency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received:
Name of School:	City/State:

College Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	Major:	Degree:
Institution Name & Location:	Date Received/Expected:	

National Career Readiness Certificate (<i>include copy of results with application</i>)	
Certificate Level:	Date Received:

Other Training/Certificate:	
Institution Name & Location:	Date Received:

F: WORK HISTORY (include volunteer work, part-time, and self-employment)

Begin with your PRESENT or MOST RECENT:

EMPLOYER NAME:		
Address:	City:	State:
Last Wage Received:	Per:	Job Title Held:
Total Hours Per Week:	Date Began Work:	Last Day Worked:
Reason for Leaving:		
Primary Job Duties:		

EMPLOYER NAME:		
Address:	City:	State:
Last Wage Received:	Per:	Job Title Held:
Total Hours Per Week:	Date Began Work:	Last Day Worked:
Reason for Leaving:		
Primary Job Duties:		

G: BARRIER & OTHER INFORMATION

Are you or have you been in any stage of the criminal justice process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the legal problem: (include any PENDING legal actions and/or court orders)</i>	
Have you been convicted of a misdemeanor and/or felony ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, provide details regarding arrests and convictions, including dates:</i>	

Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your back-up plan for transportation?	
Do you anticipate a need for assistance with transportation costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have steady housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a reliable source of communication (phone, cell phone, email, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If childcare is needed, do you have reliable childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your back-up plan for childcare?	
Are you able to perform the essential functions of this program/career with or without reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

H: REQUEST SUMMARY

What program are you considering? Why?
Please describe your financial need and why you should be awarded this assistance.
What are your expectations and goals for the program?
What are your expectations and goals for the next year?
What are your expectations and goals for the next 3-5 years?

I: SIGNATURE

I certify that the information I have provided on this application is true to the best of my knowledge. I am aware that the information I have provided may be reviewed and verified, and that I may have to provide documents to support this information. I allow release of this information for documentation purposes. I agree to have my application and supported documentation reviewed by partner organizations for the purpose of identifying other possible funding sources.

Further, I understand that this information will be used to determine my eligibility for the Education to Employment Program. I am aware that I am subject to immediate termination from the program and that I may be prosecuted for fraud and/or perjury if I am found ineligible after enrollment. Also, I authorize the use of my Social Security Number as an identifier for administrative purposes.

Applicant Signature

Date

Don't forget to include the following with your completed application!

1. Copy of resume (*Contact David Pollock at 712.388.6858 for assistance*)
2. Copy of NCRC results or certificate (*Call 712.256.8800 to schedule the assessment*)
3. Copies of income documentation
 - 6 months from date application was signed
 - Copies of paystubs or a print-out from employer are best
 - Married? Must include your spouse's income documentation also
4. A valid government issued Iowa I.D. (Driver's license, State Issued I.D., etc.)

Someone will contact you within 2 business days of the receipt of your application to discuss the next steps.