

Steps-to-Success



Columbus -
Franklin County

Welcome to the next steps to your new career. The OhioMeansJobs Columbus-Franklin County Job Center offers a variety of services that will enhance your current skills and abilities. We will provide resources and advisory sessions to prepare you to find the career you desire.

As part of the enrollment process, we will need to verify information to determine your eligibility in the programs that are offered. Should you have any questions about the list below, please be sure to ask a Talent Development Specialist before your first appointment.

Steps-to-Success Checklist

Please provide documents or verification of the following information for enrollment in our Career Services programming:

Birth Date/Age	Authorization to Work in the United States	Selective Service Registration (Males Only)	Verification of Dislocation (if applicable)
<ul style="list-style-type: none">Valid Driver's LicenseValid State/Federal IDUS PassportPassport CardBirth Certificate	<ul style="list-style-type: none">Social Security CardBirth CertificateCitizenship/Alien StatusRight to Work FormUS PassportPassport CardHospital RecordNaturalization Certification	<ul style="list-style-type: none">Selective Service CardInternet Verification <p><i>Note: Proof of Selective Service is only required for people who were born male on or after January 1, 1960. If you moved to the U.S. from another country, ask us about your requirements.</i></p> <p><i>To check registration status, please visit:</i> http://www.sss.gov</p>	<ul style="list-style-type: none">Unemployment Compensation Award LetterLay-off LetterSeverance LetterRESEA letter

Please contact _____ our team at (_ 614 _) _ 559 - _ 5052 _ or

info @ omjcfc.org _____ for additional information about services, programs, or clarification of items needed for enrollment in our Career Services programming at the OhioMeansJobs Columbus-Franklin County Job Center.

Application for Career Services



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Last Name: First Name: Middle Initial:

Street Address: City: State: Zip Code:

Home Phone: Cell Phone: Email:

Date of Birth: Age: Social Security Number:

Gender:

☐ Male ☐ Female

Race / Ethnic Group:

- ☐ White
☐ Black / African American
☐ Hispanic / Latino
☐ Native American / Alaskan
☐ Asian
☐ Hawaiian / Pacific Islander
☐ Other

Disability Status:

- ☐ Yes - sometimes keeps me from working
☐ Yes - doesn't keep me from working a job
☐ None

Citizenship:

- ☐ US Citizen
☐ Non-Citizen, eligible to work

Reg #:

Employment Status:

- ☐ Employed
☐ Not employed
☐ Employed and received notice of termination

Primary Language:

- ☐ English ☐ Spanish
☐ French ☐ Other:

Selective Service:

- ☐ Registered#
☐ Not Registered
☐ Not Applicable

Educational Status:

- ☐ Less than high school
Highest Grade Completed:
☐ GED
☐ High School Graduate
☐ Some college (no degree)
☐ Associate's degree
☐ Bachelor's degree
☐ Other diploma/degree (please explain)
☐ Other license/certification (please explain)

Details:

Veteran Status:

- ☐ No
☐ Yes, and my dates of service were: to:
☐ My discharge was within last 4 years
☐ I receive VA benefits and/or was discharged because of service connected disability
☐ I served during a war or campaign/expedition
☐ Yes, spouse of any person who died in active duty or a service connected disability
☐ Yes, spouse of any member of the Armed Forces serving on active duty
☐ Yes, less than 180 days.
☐ Discharge or released under conditions other than dishonorable

Additional Information: Check all that apply

- ☐ Single Parent
☐ Substance Abuse Issues
☐ Limited English Language (spoken)
☐ Displaced Homemaker
☐ Justice Involvement
☐ Poor Work History
☐ Basic Skills Deficiencies
☐ School Dropout
☐ Lacks Transportation
☐ Incarceration
☐ Runaway
☐ Foster Child
☐ Homelessness

Application for Career Services



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Family Status:

- ☐ Parent in one parent family
- ☐ Parent in two parent family
- ☐ Other family member
- ☐ Single, no family members in household

Additional Family Information:

of Dependents:

Total Family Size:

26 Week Includable
Income:

*Ask an OMJCFC TDS for additional
clarification as needed.*

Unemployment Information:

- ☐ Claimant referred by RESEA
- ☐ Claimant not referred by REA/WPRS
- ☐ Exhaustee
- ☐ Neither claimant nor exhaustee

Number of weeks
unemployed within
past 26 weeks:

Public Assistance: Please check all that currently apply.

- ☐ TANF ☐ Food Stamps ☐ SSI ☐ Refugee Assistance ☐ Trustee Assistance ☐ General Assistance

Most Recent Work History:

Employer Name:

Job Title:

Address:

City:

State:

Zip:

Phone:

Pay Rate:

Hrs/wk:

Start Date:

End Date:

Reason For Leaving:

- ☐ Terminated
- ☐ Quit
- ☐ Terminated but receiving
unemployment benefits
- ☐ Laid Off
- ☐ Still Employed

Personal Benefits Available:

- ☐ Yes
- ☐ No

Covered by Unemployment Ins:

- ☐ Yes
- ☐ No

Classification of Position:

- ☐ Full Time ☐ Seasonal
- ☐ Part Time ☐ Volunteer

Position Type:

- ☐ Unsubsidized Employment
- ☐ Subsidized, Private
- ☐ Subsidized, Public
- ☐ Internship
- ☐ OJT - Grant Based
- ☐ OJT - Private
- ☐ Apprenticeship

Additional Contact:

Name:

Relationship:

Address:

City:

State:

Zip:

Phone:

Email Address:

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Release of Information Authorization and Consent for Release of Information:

I, the undersigned, do hereby authorize any and all persons, firms, and entities of any kind or character to release to the OhioMeansJobs Columbus-Franklin County Job Center upon presentation of this authorization, any and all information that such persons, firm or entity may have with regards to me, including, but not limited to, copies of personal files, past history, or present status. This information may be divulged to the OMJCFC Job Center upon written request that accompanies a signed copy of this authorization. Any person, firm, or entity, governmental or otherwise, releasing information hereunder is hereby released from any and all liability of any kind or character because of such release to the OMJCFC. The OMJCFC Job Center will keep any such record in the strictest of confidence and only for purposes for which OMJCFC has been formed.

Consent for Release of Information:

I, the undersigned, do hereby authorize OMJCFC to release any information from my personal files to any agency or individual for the purpose of expediting the service that OMJCFC will procure for me. I understand that I have the right to review any and all such personal information or other information pertaining to me upon written request. I further understand that this information is to be used to determine eligibility verification, statistical analysis, reporting data as required by federal law, and to aid in procurement of services for me. I hereby release and discharge OMJCFC of any liability of any kind or character with respect to the release of information herein authorized. The records so released will be in the strictest confidence and be used only for those purposes for which OMJCFC was formed.

Participant: _____

OMJCFC Staff: _____

CONFLICT OF INTEREST ACKNOWLEDGEMENT: Do you have a business or personal relationship with any OMJCFC staff, elected official(s), or any other individual(s) or organization(s) that directly or indirectly manage the Workforce Innovation and Opportunity Act Program?

NO ☐ YES ☐ Name(s): _____

Job Seeker Signature: _____ **Date:** _____

Acknowledgement: By signing, I certify that the information I have provided is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

OMJCFC Representative Signature: _____ Date: _____



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Statement of Customer Understanding

Please read each statement below completely. After reading, initial each statement certifying that you have read and understand your responsibilities as a Workforce Innovation and Opportunity Act (WIOA) participant.

_____ I understand that the WIOA Program is a federally funded employment program and that the main focus of this program is to assist me with becoming job ready and obtaining employment that will lead to self-sufficiency.

_____ I understand that the WIOA Programs offers services designed to assist me in identifying a career goal, becoming job ready, and finding employment opportunities.

_____ I understand that in order to move forward, I am responsible to complete certain activities as identified in collaboration with my assigned Talent Development Specialist and myself that will assist me in becoming job ready and identifying employment opportunities that match my qualifications.

_____ I understand that not every customer will need services at every level in order to find employment leading to self-sufficiency and that I will work with my Career Planner to identify the WIOA path appropriate for me.

_____ I understand that I am required to actively seek employment and document my job search while participating in the WIOA Program and that the job search process is ongoing until I have found employment and/or it has been determined that I am unable to find employment leading to a self-sufficient wage with the skills and qualifications I currently possess. *This statement may not be applicable in all cases – initial to indicate you have read and/or agree.*

_____ I understand that it is my responsibility to submit updated job search logs at each appointment (if applicable).

_____ I understand that I am required, as a WIOA Participant, to provide documentation of employment obtained at any time after beginning the WIOA process. I will submit an employment verification or paystub as soon as one is available.

_____ I understand that I am responsible for attending each scheduled appointment or contacting my Talent Development Specialist in a timely manner to reschedule if I am unable to attend a scheduled appointment.

_____ I understand that my active participation in the WIOA Program does affect my appropriateness for certain services.

_____ I understand that training services and work based training is possible under WIOA services. **I further understand that WIOA training services are not an entitlement and that it is, under no circumstances, a guarantee that I will be approved for WIOA Scholarship funds.**

_____ I understand that it is my responsibility, in order to be considered for WIOA training services, to complete all required steps in the WIOA process.

_____ I understand that I am not, under any circumstances, to start a training program under the assumption that I will receive WIOA funding until I have received notification of approval and that if I begin a training program prior to receiving notification of approval, I assume all financial responsibility.

_____ I understand that WIOA Scholarship funds cannot be applied retroactively or as reimbursement for any reason.

_____ I understand that if I intend to apply for WIOA scholarship funds, it is my responsibility to check on the status of any existing student loans and that if I have a loan in default, I am responsible for contacting my loan holder and applying for deferment or scheduling an acceptable payment arrangement and providing documentation of my loan status.

_____ I understand that if I intend to apply for WIOA Scholarship funds, it is my responsibility to complete the Free Application for Federal Student Aid (FAFSA) and document the status of my financial aid eligibility.

_____ I understand that I may only apply for WIOA Scholarship funding in approved occupations identified as high-growth industries and at WIOA approved training providers.

I have read and understand the above statements and understand that any failure to adhere to them may result in termination of participation in the WIOA Program.

Customer Signature

Date

Staff Signature

Date



Career Services: Background Information

Participant's Name:

Participant's DOB:

Participant's Email Address:

Date:

OhioMeansJobs Columbus-Franklin County is your employment resource. We understand that looking for a job can be stressful. You might be unsure of where to turn or what to do next. You might just want a refresher on searching for a job, interviewing and standing out as a candidate. Whatever the situation, OhioMeansJobs Columbus-Franklin County can help. Please complete this questionnaire to provide additional information that will be valuable in developing your individualized employment plan. Should you have questions or need clarification, please ask a staff member.

What would you like to accomplish with the assistance of services provided at OhioMeansJobs Columbus-Franklin County?

What are your short and long-term career goals? (Please include hours and wage rate)

What job and employability skills do you have?

What job and employability skills would you like to improve?

What job search methods have you been using? Have you had any interviews recently?

Do you believe you have any challenges that are preventing you from finding employment? If so, please explain. (Transportation, child care, education, other background issues, computer skills, etc.)

Do you have a disability or special accommodation need for employment?

Rate the following:

Computer Skills	Good	Fair	Needs Improvement
Current Resume	Good	Fair	Needs Improvement
Interview Skills	Good	Fair	Needs Improvement
Work History	Good	Fair	Gaps in Employment



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Employment History

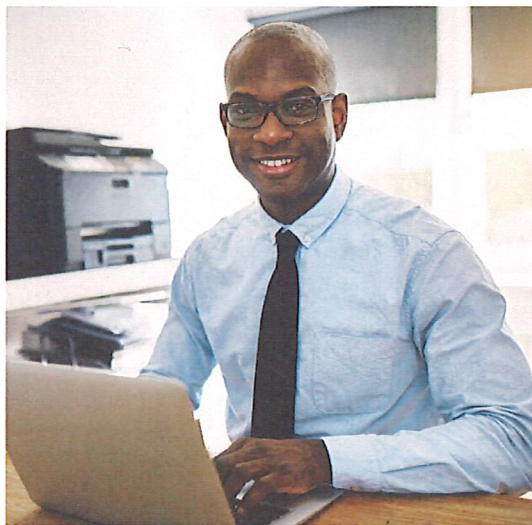
Name: _____

Date: _____

Company Name:		Job Title:	
Start Date:	End Date:	Hourly Rate:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Reason for Leaving:			
Duties:			
Company Name:		Job Title:	
Start Date:	End Date:	Hourly Rate:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Reason for Leaving:			
Duties:			
Company Name:		Job Title:	
Start Date:	End Date:	Hourly Rate:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Reason for Leaving:			
Duties:			
Company Name:		Job Title:	
Start Date:	End Date:	Hourly Rate:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Reason for Leaving:			
Duties:			
Company Name:		Job Title:	
Start Date:	End Date:	Hourly Rate:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Reason for Leaving:			
Duties:			

Although there are some differences in the established timelines for the processing and resolution of the three types of complaints, it is both the implicit and express interest of this agency that all persons and/or organizations filing complaints shall be afforded fairness and due process in the investigation and resolution of their charges.

Your Complaint Rights Under the Workforce Innovation and Opportunity Act (WIOA)



As an individual or entity you have certain rights regarding services you have received through the WIOA program. These include the right to file a complaint. There are three types of complaints that can be filed and they must be done within certain time frames.

WIOA Program Complaint –

You feel a program rule or process was not properly applied to your situation.

Discrimination Complaint –

You feel you have been discriminated against based on your race, age, religion, national origin, sex, political affiliation or belief, age, disability, or citizenship status, as a lawfully admitted immigrant authorized to work in the United States.

Fraud and Abuse Complaint –

You believe you have information exposing fraudulent activity or abuse of the program.

How Do I Resolve It?

- **A WIOA Program Complaint** can be taken to three levels, at any of which it can be resolved.
- **First – At the Local level with the WIOA agency you are working with**
 - Must file within 1 year from date of incident
 - Upon filing the complaint, an informal conference will be held within 10 days

Stephanie Robinson, EEO Complaint Officer
1650 Lakeshore Drive, Suite 110 Columbus Ohio 43204
(614) 559-5064 srobinson@wdbco.org

I hereby acknowledge I have received a copy of the Workforce Innovation and Opportunity Act (WIOA) complaint procedures.

Signature/Date

Any Questions?

Please contact:
ODJFS, Office of Employee
and Business Services,
Bureau of Civil Rights
30 East Broad Street,
30th floor
Columbus, OH 43215-3414
(866) 227-6353

For more detailed information
on each step please visit:
[http://jfs.ohio.gov/owd/
WorkforceProf/Policy_Info.stm](http://jfs.ohio.gov/owd/WorkforceProf/Policy_Info.stm)

Mike DeWine, Governor
State of Ohio

Kimberly Hall, Director
Ohio Department of Job
and Family Services

JFS 08063 (Rev. 2/2019)

This institution is an equal
opportunity provider and
employer.

A proud partner of the
American Job Center network.

- If no informal resolution, a formal hearing will be held and a decision rendered within 60 days of the filing date
- Decision may be appealed to the State
- o **Second – At the State level**
 - File with **Ohio Department of Job & Family Services (ODJFS)**
Office of Workforce Development
4020 E. Fifth Avenue
Columbus, OH 43219
 - A state appeal of the local hearing decision must be filed within 10 days of that decision
 - A Review of the hearing decision will be conducted and a decision rendered within 60 days of the state appeal filing date
 - If a complaint was filed at the local level and no decision was rendered within 60 days, a complaint may be filed directly at the state level within one year of the date of original incident
- o **Third – At the Federal level**
 - File with **U.S. Department of Labor (DOL)**
Office of the Secretary
Attention: ASET
Washington, D.C. 20210
 - If resolution of the initial complaint is not achieved at the local or state level, a final appeal may be made at the federal level
- **A Discrimination Complaint**
 - o File with:
Ohio Department of Job & Family Services
Office of Employee and Business Services, Bureau of Civil Rights
30 East Broad Street, 30th Floor
Columbus, OH 43215-3414 (866) 227-6353
 - o May also file with:
U.S. Department of Labor
Civil Rights Center
200 Constitution Ave., N.W., Room N-4123
Washington, D.C. 20210
 - o Must be filed within 180 days of the discriminatory act or treatment
 - o The complaint will be reviewed and, if accepted, the opportunity for Alternative Dispute Resolution must be provided. If there is no resolution through the alternative dispute resolution process then the Bureau of Civil Rights will investigate.
 - o A Final Report must be issued within 90 days from the complaint receipt date
- **Fraud and Abuse Complaints** must be filed with the Department of Labor's Incident Reporting System
 - o **U.S. Department of Labor Office**
Office of Inspector General, Office of Investigations
200 Constitution Ave, NW. Room S 5514
Washington, D.C. 20210