CLIMATE & EQUITABLE JOBS ACT (CEJA) WORKFORCE PROGRAM

PRESCREENING QUESTIONS

**Instructions:** This document is meant to be used by the grantee outreach staff in conversation with an applicant, and not filled out by the applicant alone. Grantee staff may go through these questions with the applicant on paper and then enter the responses into the CEJA Reporting System within 48 hours.

QUESTIONS

Do you need any accommodations to complete this prescreening or application (e.g. translation services, audio/visual accommodations, etc.)\*

* Yes
* No

First Name\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this program?\*

|  |  |  |
| --- | --- | --- |
| Email  Social Media  Family or Friends  American Job Center | Organization Website  Nonprofit/Faith-based organization referral  Mailings  Newspaper or Magazine | Radio  TV  Other |

Are you interested in working in construction or the building trades?\*

* Yes
* No

Are you interested in working in the clean energy field? There are several career paths available, such as becoming a solar installer, wind turbine technician, or insulation installer\*

* Yes
* No

Which of the following clean energy industries are you interested in learning more about?\*

|  |  |
| --- | --- |
| Solar  Electrical Vehicle (EV)  Heating, Ventilation, and Air Conditioning (HVAC)  Weatherization | Energy Efficiency  Wind  Other Clean Energy Career  If Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Are you interested in applying for an apprenticeship program? (Explain what an apprenticeship program is and that the Climate Works Program will help you prepare for an apprenticeship).\*

(Describe the time commitment for the Climate Works and/or Workforce Hub program.) Are you willing and able to put in the time required by this program?\*

You may have challenges that make it difficult to participate in the training program. Our program covers training expenses and offers support, such as childcare and transportation vouchers, to help you succeed. You’ll also receive a stipend. Are you experiencing any barriers that would keep you from attending the training? (Briefly explain that we’ll conduct a needs assessment after they apply.)\*

Street Address 1\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(R3 and EJC Eligibility check) (**For Climate Works, must meet at least one of these to be eligible**)

Street Address 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been incarcerated for a felony or misdemeanor?\*

* Yes
* No
* Prefer not to say

Have you had prior involvement in the criminal legal system?\*

* Yes
* No
* Prefer not to say

Are you a graduate of foster care or currently in foster care?\*

* Yes
* No
* Prefer not to say

Are you a displaced energy worker?\*

* Yes
* No
* Prefer not to say

Do you have other barriers to employment?\*

* Yes
* No
* Prefer not to say

We collect demographic data for reporting purposes.

What racial or ethnic groups best describe you?\* *Select all that apply.*

|  |  |
| --- | --- |
| American Indian or Alaskan Native  Asian  Black/African American  Hawaiian or Pacific Islander | Hispanic or Latino  White  Prefer not to answer |

Veteran Status\*

* None
* Active
* Veteran
* Discharged
* Prefer not to answer

Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HiSED)?\*

* Yes
* No – I am in high school
* No – I am in a program working toward a high school diploma, GED, or HiSED
* No

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Screening Result\*

* Meets-pre-screening requirements. Interested in participating.
* Meets pre-screening requirements. Not participating at this time.
* Does not meet pre-screening requirements.

Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Screening Date\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-Up Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEJA APPLICATION QUESTIONS

Text Box

First Name \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an SSN? \*

* Yes
  + SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Confirm SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Yes, but I don’t have my card
* No

Email \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirm Email \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address 1 \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP Code \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Type \*

* Mobile
* Home
* Work
* Message Only

Alternate Phone (Format: XXX-XXX-XXXX) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone Type

* Mobile
* Home
* Work
* Message Only

Date of Birth\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What sex were you assigned at birth, on your birth certificate? \*

* Male
* Female
* Prefer not to answer

How do you currently describe yourself? \*

* Male
* Female
* Transgender
* I use a different term
* Declined to answer

Are you authorized to work in the US? \*

* Yes
* No

What racial or ethnic groups best describe you? \* *Select all that apply*:

* American Indian or Alaskan Native
* Asian
* Black/African American
* Hawaiian or Pacific Islander
* Hispanic or Latino
* Prefer not to answer
* White

Have you ever been incarcerated for a felony or misdemeanor? \*

* Yes
* No
* Prefer not to say

Have you had prior involvement in the criminal legal system? \*

* Yes
* No
* Prefer not to say

Are you a graduate of foster care or currently in foster care? \*

* Yes
* No
* Prefer not to say

Are you a displaced energy worker? \*

* Yes
* No
* Prefer not to say

Do you have other barriers to employment? \*

* Yes
* No
* Prefer not to say

Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HiSED)? \*

* Yes
* No – I am in high school
* No – I am in a program working toward a high school diploma, GED, or HiSED
* No

Application Submit Date \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEJA CAREER ASSESSMENT QUESTIONS

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

What is your current employment status?\*

* I have not worked before. This will be my first job.
* I am employed.
* I am self-employed.
* I am employed but received a notice of termination/layoff.
* I am unemployed and I have been actively looking for work.
* I am unemployed but I have not been actively looking for work.

Hourly Wage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties (for most recent job) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Some jobs have lifting requirements. Please indicate whether you are able to lift this amount of weight\*

* I am able to lift 50 or more pounds
* I am able to lift 25 or more pounds
* I am not able to lift 25 or more pounds

Many of the apprenticeship programs require people to stand for long periods of time. Please indicate whether you are able to stand for long periods of time\*

* I can stand for 8 or more hours a day
* I can stand for up to 4 hours a day
* I can stand for less than 2 hours a day

Career Goal (select one)\*

* Advanced Clean Energy Construction Training/Education
* Clean Energy Construction Employment (outside DOL registered apprenticeship)
* DOL Registered Apprenticeship for Clean Energy Non-Union Jobs
* DOL Registered Apprenticeship for Union Jobs
* Electrical Vehicle (EV) Industry
* Energy Efficiency Industry
* Heating, Ventilation, and Air Conditioning (HVAC) Industry
* Solar Industry
* Start Clean Energy Construction Business
* Start Non-Construction Business
* Weatherization Industry
* Wind Industry
* Other Clean Energy Career
* Other (Construction Related)

Secondary Career Goal (select one)\*

* Advanced Clean Energy Construction Training/Education
* Clean Energy Construction Employment (outside DOL registered apprenticeship)
* DOL Registered Apprenticeship for Clean Energy Non-Union Jobs
* DOL Registered Apprenticeship for Union Jobs
* Electrical Vehicle (EV) Industry
* Energy Efficiency Industry
* Heating, Ventilation, and Air Conditioning (HVAC) Industry
* Solar Industry
* Start Clean Energy Construction Business
* Start Non-Construction Business
* Weatherization Industry
* Wind Industry
* Other Clean Energy Career
* Other (Construction Related)

Are there specific careers you are interested in pursuing? (Select at least one)\*

Solar & Wind

☐ Solar

☐ Solar sales representatives and assessors

☐ Wind turbine service technicians

☐ Iron workers (installing wind turbines and solar)

Automotive (EV Focus)

☐ Electric vehicle service technicians, mechanics

☐ Bus and truck mechanics

Electrical

☐ Electrician

☐ Electrician helper

☐ Electrical & electronic engineering technicians

Green Building Construction

☐ Construction laborers (including weatherization installers)

☐ Carpenters

☐ Roofers

☐ Construction & building inspectors (including energy auditors)

Manufacturing Clean Energy Technologies

☐ Sheet metal worker

☐ Machinist

☐ Electrical & electronics repairers, commercial and industrial equipment

☐ Machine tool setters, operators, tenders

☐ Welder, cutter, solderer, brazer

I am interested in learning about these clean energy careers

☐ Yes

☐ No

CEJA SERVICE NEEDS ASSESSMENT QUESTIONS

# ACCOMMODATIONS AND STUDENT SERVICES

**Question(s):**

|  |  |
| --- | --- |
| Do you need accommodations or other services to help you in the classroom?\* | Yes No  N/A (Not needed for Program) |

**Recommendation:**

* Review local organizations providing disability services.
* If you are an education entity (such as a community college) with an Office of Disability Services, direct them to this office and follow any procedures to deliver academic accommodations. If not available, discuss the academic accommodations needed and how you will address them.

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral to a disability services organization or office for an assessment In-House Support | Tutoring, study skills training, and dropout prevention services  Assistance with educational testing, retesting, and make-up sessions  Alumni networking  Other student/instructional support services  Comments |

**Comments:**

# TECHNOLOGY ASSISTANCE FOR VIRTUAL LEARNING (BROADBAND AND HARDWARE – IF VIRTUAL LEARNING WILL BE EMPLOYED)

**Questions(s):**

|  |  |
| --- | --- |
| Do you have steady and reliable access to the internet?\* | Yes No |
| Do you have a computer that will allow you to access lessons including online instruction?\* | Yes No |
| Do you feel confident in your ability to use technology including emailing, navigate the internet, and completing basic tasks on a computer?\* | Yes No |
| Do you have a phone to communicate with your case manager, providers, and employers?\* | Yes No |

**Recommendation:**

* Review local Community Action Agency, faith-based organizations, or American Job Center services.

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral for technology assistance  Referral for other: Phone | Provide support service for internet in-house  Provide support service for computers in-house  Provide support service for technology assistance in-house  Provide support service for cell phone acquisition in-house |

**Comments:**

# TRANSPORTATION

**Question(s):**

|  |  |
| --- | --- |
| Do you have transportation concerns that could affect your participation in the program?\*  *Select all that apply*  I need some financial assistance to cover my transportation expenses.  I need some financial assistance to cover my transportation expenses.  I need help getting car insurance.  I do not have transportation.  The transportation schedule conflicts with the training schedule. | Yes No |

**Recommendation**: Review local Community Action Agency, faith-based organizations, or American Job Center services.

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral for transportation assistance | Public transit fare/cards  Car repairs  Plate sticker/city sticker renewal  Gas cards  Rideshare/taxi  Fees  Bike repairs  Rental  Parking costs  Cost of driver's license  Driver's education lessons  Support Liability insurance |

**Comments:**

# CHILDCARE/FAMILY MEMBER CARE

**Question(s):**

|  |  |
| --- | --- |
| Would you require any assistance in supporting or caring for your family members while you are enrolled in the program?\*  *Select all that apply*  I need financial assistance with childcare.  I need financial assistance with childcare services for a child with a disability  I need financial assistance to care for an elderly family member or a relative with a disability. | Yes No |

**Recommendation**:

* Identify a child care provider. Review child care programs/services available through the IDHS site.
* Review developmental disability programs/services available through the IDHS site. Review Disability & Rehabilitation programs/services available through the IDHS site.

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral for child care  Referral for dependent care | Child care assistance  Dependent care assistance |

**Comments:**

# ASSISTANCE WITH HOUSING

**Question(s):**

|  |  |
| --- | --- |
| Do you have housing concerns that could affect your participation in the program?\*  *Select all that apply*  I am homeless.  I need financial assistance with housing. | Yes No |

**Recommendation**:

* Review local Community Action Agency, faith-based organizations, or American Job Center services.

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral for housing assistance | Deposits (i.e., security, key)  First-month rent  Application/background check fees  Arrears (i.e., rent, utilities)  Relocation  Rent  Storage  Utilities |

**Comments:**

# FOOD

**Question(s):**

|  |  |
| --- | --- |
| Would you like some help with obtaining food in order to succeed in the program?\* | Yes No |

**Recommendation**:

* Review local organizations providing food assistance.

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral to a local food pantry or other organization to apply for SNAP benefits | Provide support service for groceries in-house and/or assist with applying for SNAP benefits |

**Comments:**

# HEALTH CARE

**Question(s):**

|  |  |
| --- | --- |
| Do you have any physical or mental health needs including substance abuse treatment that require assistance to succeed in this training program?\*  *Select all that apply*  I need financial assistance for physical or mental health services/counseling.  I need assistance with relationship-related issues. | Yes No |

**Recommendation**:

* For financial assistance situations, review Health & Medical programs/services available through the Illinois Department of Human Services (IDHS) site. Look for Federally Qualified Healthcare Centers in your area.
* For relationship issue situations, review Substance Use Disorder and Violence & Abuse Prevention programs/services available through the Illinois Department of Human Services (IDHS) site.

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral for child safety services/counseling  Referral for domestic violence services/counseling  Referral for health care services/counseling  Referral for mental health services/counseling  Referral for substance abuse services/counseling | Prescriptions  Medical device/equipment  Inoculations  Child safety services/counseling  Domestic violence services/counseling  Healthcare services/counseling  Mental health services/counseling  Substance abuse services/counseling  Dental work  Eyeglasses  Medical exam  Medical deductible/copay |

**Comments:**

# LEGAL ASSISTANCE

**Question(s):**

|  |  |
| --- | --- |
| Would you like to receive legal assistance services?\* This could include:   1. Expunging or sealing old criminal records 2. Obtaining and reinstating revoked or suspended driver's licenses 3. Untangling outside court debt issues 4. Assistance with child support orders 5. Certificates of rehabilitation 6. Assistance preventing illegal evictions, resolving credit report problems, or filing for domestic violence restraining orders 7. Assisting veterans with accessing healthcare, education grants, and housing services. 8. Not authorized to work in the U.S.\*   *Select all that apply*  I need financial assistance with legal issues.  I need assistance with pending criminal charges. | Yes No |

**Recommendation**:

* Review the Illinois Equal Justice Foundation Helpful Links to find services in your area.

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral for legal aid | Background check fees  Legal aid  Legal fees - reasonable/necessary for employment |

**Comments:**

# FINANCIAL LITERACY

**Question(s):**

|  |  |
| --- | --- |
| Do you want to learn about budgeting, managing finances, and protecting yourself from identity theft?\* | Yes No |

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral for financial literacy assistance | Provide support service for accommodations in-house |

**Comments:**

# MENTORSHIP

**Question(s):**

|  |  |
| --- | --- |
| Would you like to connect to a mentor or former graduate from our program?\* | Yes No |

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral for mentorship through community-based organization | Provide connection for mentorship or peer support in-house |

**Comments:**

# APPLICATION FEES

**Question(s):**

|  |  |
| --- | --- |
| There are some fees associated with applying to join a DOL-registered apprenticeship program. Application fees can range up to $30. Is this a cost you are confident that you can pay on your own?\* | Yes No |

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
|  | Provide cost coverage for application fee in-house |

**Comments:**

# OTHER SUPPORT SERVICES

**Question(s):**

|  |  |
| --- | --- |
| Do you have your high school diploma or equivalent?\* | Yes No |
| Are there any other fees or assistance that are needed to ensure your attendance and completion of the program?\* |  |

**Referrals/Services Needed:**

|  |  |
| --- | --- |
| Referrals | In-House Support |
| Referral to education program | Uniforms/professional attire  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Comments:**