

**COLORADO WORKS INDIVIDUAL RESPONSIBILITY CONTRACT (IRC) ADDENDUM
EMPLOYMENT AND TRAINING ACTION PLAN**

Case Manager:

Name	State ID #	Social Security Number	Telephone Number
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Employment Goal: Fulltime employment _____

Participants are expected to follow all rules of attendance and CBT/Workpool policies, failure to do so may result in termination from this track.

PLACEMENT INFORMATION:

- Agency _____
- Address _____
- Supervisor _____
- Telephone _____

HOURS: Scheduled: _____ IRC: _____ Minimum: _____

(1) The Community Service/Job Search track will run from: Start date _____ End date _____
Reason for end date _____

(2) Participate in the following TANF activities based on assessment:

Activity	Schedule

*****You must return the white copy of the CBT/Workpool agreement signed by you and the site supervisor to your Community Service/Job Search Workforce Advisor by _____.**

- (3) Communicate to Community Service/Job Search Employee Specialists and/or TANF worker about any issues, concerns, and problems.
- (4) Participate in problem solving, scheduled joint staffing and revision of your action plan when necessary.
- (5) **Participants must be on time to work-sites and all appointments.**
100% attendance is expected.
Failure to call or show for appointment or any assigned activity may result in termination.
Three unexcused (and/or with out good cause) missed days from assigned activity may result in termination.
Appropriate attire for work required
Any adverse or inappropriate behavior at assigned work site may result in termination.
- (6) It is your responsibility to fax your weekly time sheet by Friday at 4:00 p.m. to your Workforce Advisor at 720 944-2752.
- (7) It is your responsibility to complete your verified monthly contact sheet and submit it to your Case Manager by the 7th of each month
- (8) I have received and read the TANF participate handbook.
- (9) Additional comments/requirements:
- (10) Report any changes in your IRC requirements or new activity.

The above requirements have been explained to me. I understand the requirements and agree to participate in all activities as identified. I understand that if I do not complete the activities indicated then I may be ineligible to receive Colorado Works Basic Cash Assistance. Failure to comply with this Action Plan will be reported to my TANF Case Manager and may result in sanctions, including termination from TANF cash assistance.

Participant Signature: _____ Date: _____

Workforce Advisor: _____ Date: _____



DENVER
THE MILE HIGH CITY

John W. Hickonlooper
Mayor

CBT/Workpool AGREEMENT

I, _____ agree to the following participation policy for the Community Service program.

I understand that if I miss two consecutive days or three days in a month I will be required to attend a joint staffing with my TANF program case manager and Workforce Advisor. I also understand that I may be terminated from this activity and my TANF benefits may be sanctioned from TANF.

I understand I may be removed from a community service site due to my performance or behavior resulting in a joint staffing to determine the consequences and the next step in the action plan.

I understand that violent or aggressive behavior will be cause for immediate removal from the placement and may result in a staffing to determine consequences and action plan.

I will communicate any problems or issues that affect my ability to participate to my Workforce Advisor and will participate in the resolution of these issues and revision of my action plan.

I will agree to the following Work Conduct guidelines:

- I will be on time to work site and all appointments.
- I will attend 100% of my scheduled hours.
- I will notify my community service site supervisor and Workforce Advisor of any absence within two hours of my scheduled start time.
- I understand that failure to call or show for assigned activity may result in immediate termination.
- I will dress appropriately for work as specified by my site supervisor.
- I understand that inappropriate or reoccurrence disruptive behavior at a worksite may result in termination.
- I will fax my weekly time sheet to my Workforce Advisor by 4:00 p.m. every Friday.
- I will provide valid documentation for all absences and I will make up all missed hours
- I will perform the duties and jobs I am given to the best of my ability and ask for help as needed
- 3 Unexcused absences or a no show may result in termination from the program

I will follow all scheduled activities and program hours as outlined in my Community Service Action Plan.

I will be required to make up all missed hours, excused or not with homework, special projects, or additional community service hours as specified in the Community Service Addendum. These make-up hours will be due by the end of the week or the month, whichever comes first.

Failure to comply with these agreed upon responsibilities will be reported to my TANF case manager immediately and may result in a sanction or denial of your TANF benefits.

Customer Signature/Date

Workforce Advisor/Date

**OFFICE OF ECONOMIC DEVELOPMENT/DIVISION OF WORKFORCE DEVELOPMENT
COMMUNITY BASED VOLUNTEER SERVICES PROGRAM
ASSIGNMENT AGREEMENT**

The purpose of this Agreement is to establish a structured Community Based Volunteer Service assignment which will enable participants to develop and/or utilize skills which will prepare them to engage in work, work activities or work-related activities, while at the same time utilizing these skills in order to provide positive services to their community.

COMMUNITY BASED TRAINING PARTICIPANT

The skills I would like to develop and/or utilize on this CS assignment to prepare me to reach my employment goals are:

Total hours of participation per month: _____ Start Date: _____ End Date: _____

Schedule of days and hours: _____

As a Community Based Training Participant I agree to:

1. Observe the working hours and work rules as established by the Community Based Training Agency and the OED/DWD Program Action Plan and the Individual Responsibility Contract (IRC).
2. Follow all policies as outlined in the Customer Responsibilities Agreement and the Action Plan.
3. I will make up missed hours, excused or not with homework, special projects or additional community service hours.

COMMUNITY BASED TRAINING AGENCY

Please list skills participant will develop or utilize in volunteer training experience.

As a Community Based Training Agency we agree to:

1. Provide a Community Based Training assignment that will offer the Participant an opportunity to develop and/or utilize the above skills.
2. Provide the Participant with adequate training, monitoring and supervision.
3. Communicate with Participant and Workforce Advisor regarding progress, issues and concerns.
4. Not engage the Participant in activities that will benefit a private employer, self-employer or other for-profit business.
5. Not utilize Participant to replace a regular employee.
6. Comply with Agency Community Based Training Responsibilities Agreement.

OFFICE OF ECONOMIC DEVELOPMENT-DIVISION OF WORKFORCE DEVELOPMENT

The Workforce Advisor (or contractor) agrees to:

1. Communicate with Participant about progress, issues and concerns.
2. Communicate with Agency and Site Supervisor about progress, issues and concerns.

This agreement is entered into between the Community Based Training Participant, the Community Based Training Site Agency, and the Office of Economic Development; Division of Workforce Development. We agree to the terms of this agreement as outlined above:

Participant Name	Phone	Participant Signature	Date
Agency Name		Address	
Site Supervisor	Phone	Authorized Agency Signature	Date
Workforce Advisor or Contractor	720 944 Phone	Workforce Advisor/Contractor Signature	Date



**OFFICE OF ECONOMIC DEVELOPMENT/DIVISION OF WORKFORCE DEVELOPMENT
COMMUNITY BASED TRAINING PROGRAM ASSIGNMENT AGREEMENT**

The purpose of this Agreement is to establish a structured Community Based Training assignment which will enable participants to develop and/or utilize skills which will prepare them to engage in work, work activities or work-related activities, while at the same time utilizing these skills in order to provide positive services to their community.

COMMUNITY BASED TRAINING PARTICIPANT

Occupation: Office and Administrative Support Workers, All others (43-9199.99)
Secretaries, Except Legal, Medical, and Executive (43-6014.00)/ Executive Secretaries & Admin. Asst. (43-6011.00)

Skills associated with the above occupation include: **Customer and Administrative Service** — Knowledge of principles and processes for providing customer and administrative support services. This includes filing, computer knowledge, answering phones or multiple phone lines, and knowledge of office equipment. **Speaking and Active Listening** — Talking to others to convey information effectively and giving full attention to what is other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times. **Time Management** — Managing one's own time. **Service Orientation** — Actively looking for ways to help people.

Please check tasks associated with the above skills that participant will observe, develop, or utilize in C.B.T.

- | | | |
|---|--|--|
| <input type="checkbox"/> Performing day-to-day administrative tasks such as maintaining information files and processing paperwork, answering phones, and providing support to office staff | <input type="checkbox"/> Providing information to supervisors, coworkers or customers by telephone, in written form, email or in person. | <input type="checkbox"/> Perform a variety of duties as requested by staff or customers. |
| <input type="checkbox"/> Using computers and computer systems (including hardware and software), set up functions, enter data, or process information. | <input type="checkbox"/> Providing information to people outside the organization by telephone, in written form, email, or in person. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Using office equipment such as phones, fax and copy machines. | <input type="checkbox"/> Developing specific goals and plans to prioritize, organize, and to accomplish work. | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Entering, transcribing, recording, storing, or maintaining information. | <input type="checkbox"/> Other: _____ |

Total hours of participation per month: _____ Start Date: _____ End Date: _____

Schedule of days and hours: _____

As a Community Based Training Participant I agree to:

1. Observe the working hours and work rules as established by the Community Based Training Agency and the OED/DWD Program Action Plan and the Individual Responsibility Contract (IRC).
2. Follow all policies as outlined in the Customer Responsibilities Agreement and the Action Plan.
3. I will make up missed hours, excused or not with homework, special projects or additional community service hours.

COMMUNITY BASED TRAINING AGENCY

As a Community Based Training Agency we agree to:

1. Provide a Community Based Training assignment that will offer the Participant an opportunity to develop and/or utilize the above skills.
2. Provide the Participant with adequate training, monitoring and supervision.
3. Communicate with Participant and Workforce Advisor regarding progress, issues and concerns.
4. Not engage the Participant in activities that will benefit a private employer, self-employer or other for-profit business.
5. Not utilize Participant to replace a regular employee.
6. Comply with Agency Community Based Training Responsibilities Agreement.

OFFICE OF ECONOMIC DEVELOPMENT-DIVISION OF WORKFORCE DEVELOPMENT

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Participant Name

Phone

Participant Signature

Date

Agency Name

Address

Site Supervisor

Phone

Authorized Agency Signature

Date

Workforce Advisor or Contractor

Phone

Workforce Advisor/Contractor Signature

Date

**OFFICE OF ECONOMIC DEVELOPMENT/DIVISION OF WORKFORCE DEVELOPMENT
COMMUNITY BASED TRAINING PROGRAM ASSIGNMENT AGREEMENT**

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COMMUNITY BASED TRAINING PARTICIPANT

Occupation: Receptionists and Information Clerks (43-4171.00)

Skills associated with the above occupation include: **Customer and Personal Service** — Knowledge of principles and processes for providing customer and personal services. This includes customer needs, meeting quality standards for services, and evaluation of customer satisfaction. **Clerical** — Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records. **Speaking and Active Listening** — Talking to others to convey information effectively and giving full attention to what is other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times. **Social Perceptiveness** — Being aware of others' reactions and understanding why they react as they do. **Service Orientation** — Actively looking for ways to help people.

Please check tasks associated with the above skills that participant will observe, develop, or utilize in C.B.T.

- | | | |
|---|--|---|
| <input type="checkbox"/> Observing, receiving, and otherwise obtaining information from all relevant sources (usually staff and/or customers). | <input type="checkbox"/> Using office equipment such as phones, fax and copy machines. | <input type="checkbox"/> Developing specific goals and plans to prioritize, organize, and to accomplish work. |
| <input type="checkbox"/> Performing day-to-day administrative tasks such as maintaining information files and processing paperwork, and answering phones. | <input type="checkbox"/> Providing information to supervisors, coworkers or customers by telephone, in written form, email or in person. | <input type="checkbox"/> Perform a variety of duties as requested by staff or customers. |
| <input type="checkbox"/> Using computers to enter data, or process information. | <input type="checkbox"/> Providing information to people outside the organization by telephone, in written form, email, or in person. | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Develop working relationships with others and maintaining them over time. | <input type="checkbox"/> Other: _____ |

Total hours of participation per month: _____ Start Date: _____ End Date: _____

Schedule of days and hours: _____

As a Community Based Training Participant I agree to:

1. Observe the working hours and work rules as established by the Community Based Training Agency and the OED/DWD Program Action Plan and the Individual Responsibility Contract (IRC).
2. Follow all policies as outlined in the Customer Responsibilities Agreement and the Action Plan.
3. I will make up missed hours, excused or not with homework, special projects or additional community service hours.

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3. Communicate with Participant and Workforce Advisor regarding progress, issues and concerns.
4. Not engage the Participant in activities that will benefit a private employer, self-employer or other for-profit business.
5. Not utilize Participant to replace a regular employee.
6. Comply with Agency Community Based Training Responsibilities Agreement.

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Workforce Advisor or Contractor	Phone	Workforce Advisor/Contractor Signature	Date

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COMMUNITY BASED TRAINING PARTICIPANT

Occupation: File Clerks (43-4071.00)

Skills associated with the above occupation include: **Customer and Personal Service** — Knowledge of principles and processes for providing customer and personal services. This includes customer needs, meeting quality standards for services, and evaluation of customer satisfaction. **Computers and Electronics** — Knowledge of applications and programming. **Clerical** — Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records and support of staff. **Economics and Accounting** — Knowledge of economic and accounting principles and practices and the reporting of financial data. **Mathematics** — Knowledge of arithmetic, algebra, and their applications.

Please check tasks associated with the above skills that participant will observe, develop, or utilize in C.B.T.

- | | | |
|--|--|---|
| <input type="checkbox"/> Observing, receiving, and otherwise obtaining information from all relevant sources (usually staff and/or customers). | <input type="checkbox"/> Providing information to supervisors, coworkers or customers by telephone, in written form, email or in person. | <input type="checkbox"/> Developing specific goals and plans to prioritize, organize, and to accomplish work. |
| <input type="checkbox"/> Performing day-to-day administrative tasks such as maintaining information files and processing paperwork or data. | <input type="checkbox"/> Providing information to people outside the organization by telephone, in written form, email, or in person. | <input type="checkbox"/> Perform a variety of duties as requested by staff or customers. |
| <input type="checkbox"/> Using computers to enter data, or process information. | <input type="checkbox"/> Compiling, coding, categorizing, calculating, tabulating, or verifying information or data. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Using office equipment such as phones, fax and copy machines. | | <input type="checkbox"/> Other: _____ |

Total hours of participation per month: _____ Start Date: _____ End Date: _____

Schedule of days and hours: _____

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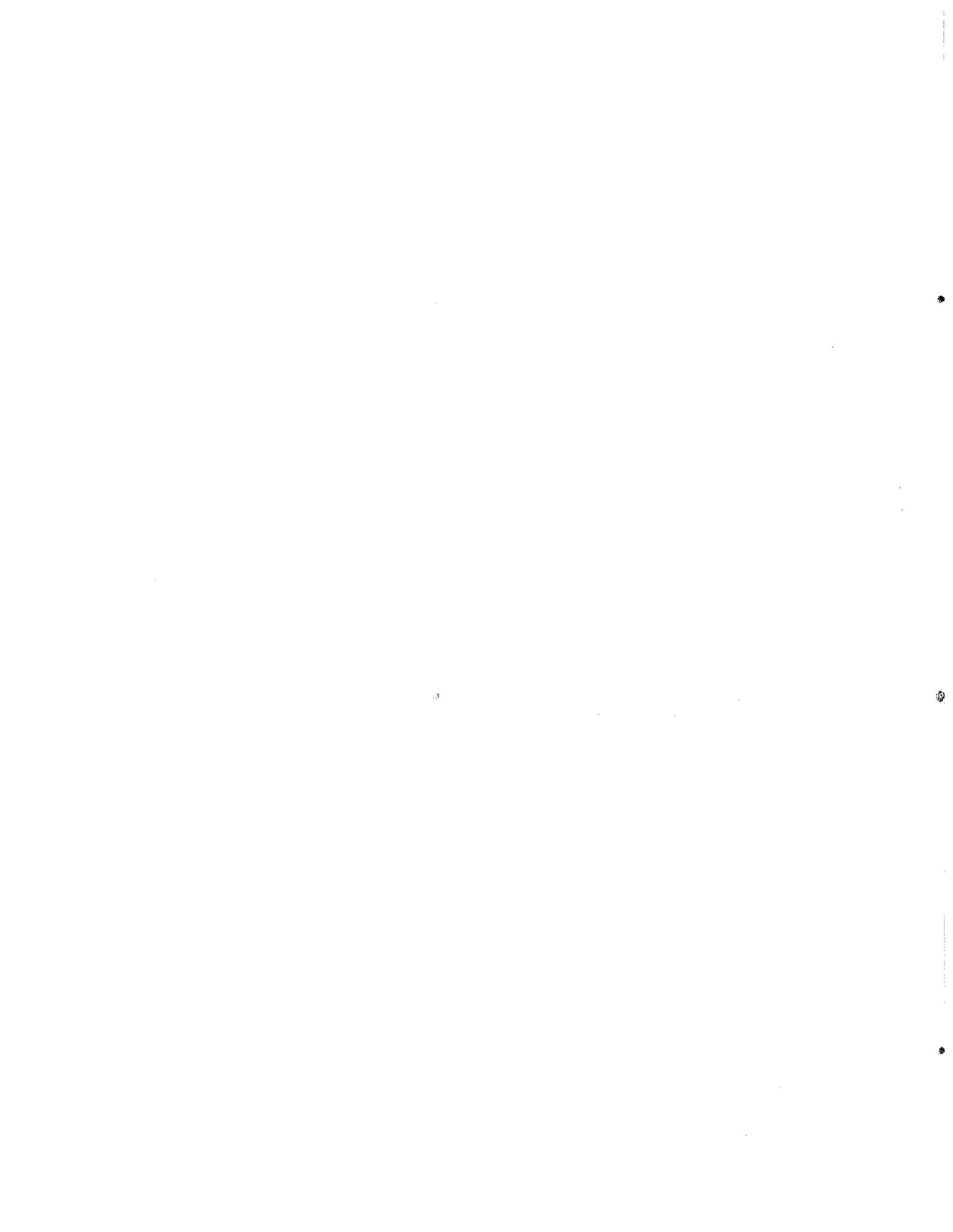
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Agency Name		Address	
Site Supervisor	Phone	Authorized Agency Signature	Date
Workforce Advisor or Contractor	Phone	Workforce Advisor/Contractor Signature	Date



Case Manager _____ **Employee Specialist** Fred Podmore

WEEKLY TIME SHEET FOR WORKPOOL/ COMMUNITY SERVICE VOLUNTEERS (Please Print Clearly)

COMMUNITY SERVICE VOLUNTEER NAME: _____ WEEK OF From: _____ To: _____

WORK SITE NAME _____ **SITE SUPERVISOR Name (Print) and Signature _____

**SITE SUPERVISOR Name (Print) and Signature _____

DATE (MM/DD/YY)	ACTIVITY NAME/OR WORKSITE	*ACTIVITY TIME In/Out	PARTICIPANT'S INITIALS and COMMENTS ON WORK PERFORMED	ONLY SITE SUPERVISOR'S SIGNATURE VERIFYING WORK COMPLETED Do not sign if hours = Zero	NUMBER OF HOURS COMPLETED
MONDAY A.M. / / 07		In: Out:			
MONDAY P.M. / / 07		In: Out:			
TUESDAY A.M. / / 07		In: Out:			
TUESDAY P.M. / / 07		In: Out:			
WEDNESDAY A.M. / / 07		In: Out:			
WEDNESDAY P.M. / / 07		In: Out:			
THURSDAY A.M. / / 07		In: Out:			
THURSDAY P.M. / / 07		In: Out:			
FRIDAY A.M. / / 07		In: Out:			
FRIDAY P.M. / / 07		In: Out:			

***COMMUNITY SERVICE VOLUNTEER**

- You must sign in when you arrive to work, sign out for lunch, and sign out at the end of your shift. Do not sign out for breaks.
- Sign-in and sign-out times must be rounded to 5 minute increments. For example:
8:01 = 8:00 8:03 = 8:05 8:33 = 3:35
8:02 = 8:00 8:04 = 8:05 8:42 = 3:40
- Initial your timecard at the end of your shift.

****SUPERVISOR**

- Total the number of hours and minutes each day and sign only if there are hours worked.
- You must initial charges and/or adjustments.

Weekly Scheduled Hours _____

Completed Hours _____

PLEASE FAX COMPLETED TIMESHEET TO 720 944-2752 every Friday by end of business day.



DENVER
THE MILE HIGH CITY

John W. Hickenlooper
Mayor

Customer Work Pool Tracking Sheet

OFFICE USE ONLY	
Current IRC _____	Job link _____
Referral _____	Casenote _____
Spreadsheet _____	Closed in J.L. _____
Spreadsheet closed _____	
Forward to _____ Date _____	

Customer Name	SSN	CBMS Case #

Job Readiness Level _____ Number of TANF months Used _____

Date customer Began Workpool Workshop _____

Customer to Training program _____

Date Customer to begin In-House Training _____

2 week completion date _____

4 week completion date _____

Customer to Training Program _____

Date Customer to begin CBT Training _____

4 Week completion date _____

6-8 Week completion date _____

Next Activity

Other Comments





Office of Economic Development
Division of Workforce Development
1200 Federal Blvd Denver, CO 80204

**Workpool & Community Based Training
Initial Assessment**

Date _____ Referring Worker _____

Case Coordinator _____ Lindex _____

Customer Name _____ SS# _____ - _____ - _____

DOB ____ / ____ / ____ CBMS ID _____ # of TANF months used _____

Job Readiness level _____

Home Phone _____ Cell Phone _____

Message Phone _____ Okay to leave mgs at this number? _____

Address _____

Emergency Contact _____

Employment Goal _____

HAVE YOU ATTENDED WORKPOOL BEFORE? Yes _____ No _____

If so, when? _____

For how long were you in Workpool? _____

HAVE YOU ATTENDED COMMUNITY BASED TRAINING (CBT) BEFORE?

Yes _____ No _____ If so, when? _____

Where were you placed? _____

For how long were you there? _____



FAMILY COMPOSITION

of Children _____ Age(s) _____

Child Care Arranged: Yes _____ No _____

Arrangements for child care: _____

TYPES OF ASSISTANCE CURRENTLY RECEIVING

- TANF Food Stamps Medicaid C-CAP General Assistance SSI
 Aid to Needy Disabled Aid to the Blind Refugee Assistance WIA WFA

EDUCATION

Highest Grade completed _____ HS. Diploma? Yes _____ No _____

GED? Yes _____ No _____ When was the last time you tested? _____

If you only have a few more tests to take, which tests are needed to earn your GED?

Associates / College Degree YES ___ NO ___ Training _____

Previous Vocational Training YES ___ NO ___ Training _____

Certificates Earned? _____

EMPLOYMENT

Formal work experience? Yes _____ No ___ Type of Work _____

Most recent Job _____ For how long? _____

Reason for leaving: _____

Favorite parts of the jobs you held? _____ Least Favorite? _____

Career Goals: (Short Term) _____ (Long Term) _____

SKILLS

List work skills: _____

Can Work: 1st Shift _____ 2nd Shift _____ 3rd Shift _____

Are you willing to travel to work? Yes ___ No ___ How Far _____

Bilingual? Yes ___ No ___ Language _____ Fluency _____

Typing: WPM _____ 10-Key SPM _____

Computer Knowledge: Yes ___ No ___

MS Word: No Knowledge ___ Basic ___ Intermediate ___ Advanced ___

Excel: No Knowledge ___ Basic ___ Intermediate ___ Advanced ___

Other : _____ Basic ___ Intermediate ___ Advanced ___

BARRIERS TO EMPLOYMENT

PHYSICAL LIMITATIONS

Do you have any physical or functional limitations we should be aware of?

If pregnant, when are you due? _____

DO YOU HAVE PROBLEMS WITH:

Eyesight	Yes ___ No ___	Standing	Yes ___ No ___
Speech	Yes ___ No ___	Sitting	Yes ___ No ___
Hearing	Yes ___ No ___	Bending	Yes ___ No ___
Walking	Yes ___ No ___	Lifting	Yes ___ No ___

Comments: _____

Do you take any medications? Yes ___ No ___

Please list _____

Personal/ Professional Strengths

Personal/ Professional Weaknesses



TRANSPORTATION

Mode of transportation: RTD _____ Car _____ Other _____

Colorado Drivers License: Yes _____ No _____ Suspended _____

If suspended, when? _____ Why _____

Need Sr-22? A Reinstatement? _____

LIVING ARRANGEMENTS

Do you have stable housing (i.e Section 8, Public Housing, family/friends)?

If no, what plan do you have? _____

LEGAL ISSUES

Will you be willing to submit to a background Check? Yes _____ No _____

If no, please explain: _____

Do you have any criminal record? Yes _____ No _____

When did situation occur? _____

If yes, explain: _____

For Workforce Advisor Use Only

Comment: _____

Recommendation: _____

Services Provided: _____



DENVER
THE MILE HIGH CITY

John W. Hickenlooper
Mayor

Mayor's Office of Workforce Development

Authorization to Supply Information

Client Name: _____

TANF Case Manager: _____

You will be participating in a program designed to assist you in achieving self-sufficiency for your self and your family. To do this, it will be necessary for your MOWD representative, to exchange certain information with representatives of community agencies, and employers. Such information is considered confidential and will only be exchanged with your permission, which is granted on this form.

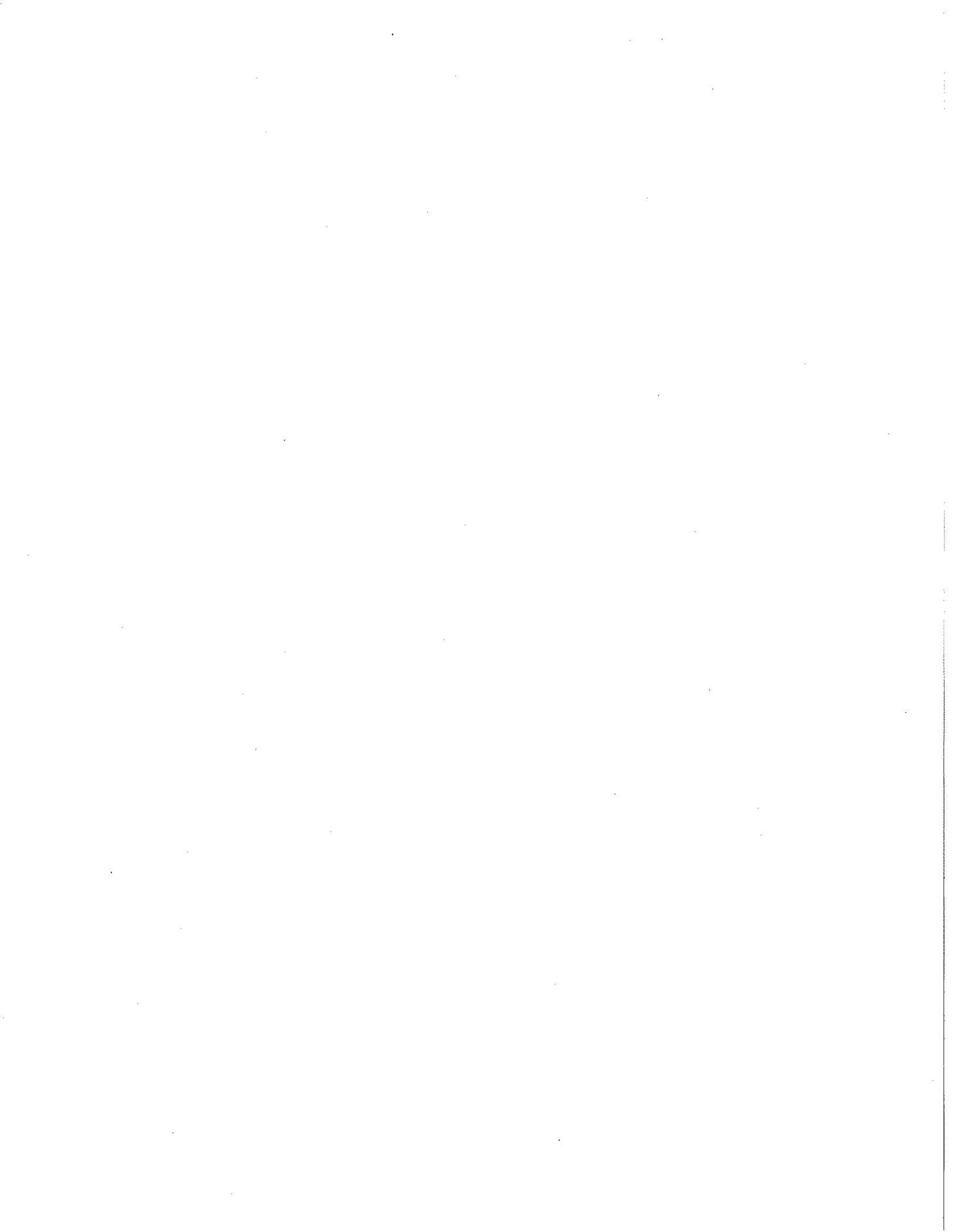
I hereby authorize the Mayor's Office of Workforce Development, in the course of administering their programs, to supply and obtain information regarding me and my case with the following:

1. Community College of Denver
2. Emily Griffith Opportunity School
3. Any future employer or Current Employer
4. Any future child care provider or Current provider
5. Denver Human Services
6. Investigative Background Solutions
7. Colorado Bureau of Investigation
8. Central Registry for Abuse and Neglect
9. _____
10. _____
11. _____

By signing below, I release the Mayor's Office of Workforce Development from any and all liability for supplying or obtaining such information. This authorization is given only in connection with its use by MOWD in its administration of their employment and training programs, and for no other purpose. This authorization shall remain in effect for a year after I begin work, or until my participation with MOWD terminates.

Signature of Client: _____

Address: _____





DENVER
THE MILE HIGH CITY

John W. Hickenlooper
Mayor

Office of Economic Development Division of Workforce Development Security and Confidentiality Agreement

Security and confidentiality are a concern of all citizens and employees of the City and County of Denver. Information from various sources is maintained on computer equipment and in records located at the Denver Department of Human Services (DDHS). Each person having access to any of this information, or the software programs involved in the data update or access process, holds a position of trust and must recognize their responsibility and duty to preserve the security and confidentiality of information. Therefore, DDHS adopts the following Code of Responsibility:

Any DDHS employee, vendor representative, and all other authorized individuals having access to DDHS records, computer equipment or software, or any computerized information shall not:

1. Knowingly cause or allow the addition, modification, destruction, or deletion of any records or computerized information or software, except in the course of performing their work and only with the prior authorization of their supervisor; and in the case of individuals not employed by the DDHS, only with the prior authorization of DDHS management. (However, if the destruction of records or computerized information is authorized, such records or information shall be disposed of in accordance with the procedures established by DDHS).
2. Operate, request or authorize others to use any department resource for personal or financial gain.
3. Make unauthorized use of or permit unauthorized access to such records, equipment, software, or information. **Badges authorized shall not be used for personal gain.**
4. Use or knowingly permit the use of information obtained from DDHS for any purpose other than accomplishing their work for or with the DDHS.
5. Exhibit or divulge the contents of any record or any computer equipment to obtain any computerized information except in the course of their work for or with the DDHS.
6. Operate, request or authorize others to operate any computer equipment to obtain any computerized information for personal or non-job related purposes.
7. Duplicate, delete, or modify any proprietary software or related documentation without prior written vendor and DDHS Management authorization.
8. Reproduce any materiel bearing copyright restrictions without prior written permission from the publisher and authorization from DDHS Management.
9. All employees are encouraged to report any suspected violations to their supervisors. Failure (if he/she is a supervisor), to report any violation of this Code of Responsibility by anyone as soon as it comes to his/her attention.

Violation of this code by any City employee may result in disciplinary action in accordance with the CSA/Merit System rule and regulations. Violations by vendors or contractual personnel may result in denial of access to City computer equipment and/or legal action. In addition, a violation of this Code may result in criminal prosecution for the violation of all applicable criminal statutes.

I have read and I understand the Denver Department of Human Services Code of responsibility for Security and Confidentiality of Data.

Print Employee's Name: _____	Soc Sec No: _____
Employee's Signature: _____	Date Signed: _____
Supervisor's/Witness Signature: _____	Date Signed: _____



DENVER
THE MILE HIGH CITY

Joan W. Hickenlooper
Mayor

**Office of Economic Development
Division of Workforce Development**

**Equal Opportunity
Is the law
Notice to Customers**

The Colorado Department of Labor and Employment (CDLE), Division of Employment and Training is prohibited from discriminating on the grounds of race ,color , religion ,sex, national origin, age disability , and for the beneficiaries only,

Citizenship or participation in programs funded under the US Department of labor (USDOL) in admission or assess to, opportunity or treatments in, or employment in the administration of or in connection with any USDOL funded program or activity. If you believe you have discriminated against under a USDOL funded program or activity, you have a right to file a complaint.

Complaints must be filed within 180 days from the date of the alleged violation at one of the following locations.

**Colorado Department of labor and employment
Joanna Miller, Equal Opportunity Officer
1515 Arapahoe Street, Tower 2 Suite 772
Denver, Colorado 80203**

**Directorate of civil Rights (DCR)
US Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210**

**Hours of operation: Monday through Friday
Time: 8:00 a.m. To 5:00 p.m.
Visit our website at [http:// www.mowd.org](http://www.mowd.org)**



DENVER
THE MILE HIGH CITY

John W. Hickenlooper
Mayor

Colorado Workforce Center/
Division of Workforce Development

How do I file a written complaint?

If you think any of the provisions of the Workforce Investment Act and governing Regulations have been violated and you have been negatively affected, please talk with the Manager of the Workforce Center where you have received service. If you are not satisfied with the resolution of your complaint, you can file a written complaint.

The Workforce Center Manager will give you a Complaint Form to fill out. Answer all of the questions of the form; if you need help filling out the Form ask the Center to help you.

Your complaint form will be sent to the Division of Workforce Development (DWD). At the same time, the Workforce Center will continue to work with you to resolve your complaint.

If your complaint is not resolved in 29 days from the date you file your written complaint, a hearing may be scheduled with an impartial third party. You will be notified in writing if a hearing is scheduled. You can choose someone to represent you, such as an attorney or someone else of your choosing.

In event there is a hearing, within 60 days from the date you file your written complaint, you will receive a written notice of the hearing decision. Again, if you are not satisfied with the decision you may appeal the hearing decision to the Colorado Department of Labor and Employment.

I, _____, have received the DWD Complaint Form and the instructions with it have been explained to me.

Signature _____ Date _____

COMPLAINT INFORMATION FORM

Name _____ Home Phone _____
Cell Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip Code _____

Action/Incident giving rise to the complaint (including name, address and phone number of the party or parties alleged to have committed the act): _____

(Attach additional sheets if needed)

Date of the incident _____

Remedy sought:

(Attach additional sheets if needed)

Complainant's Signature _____

Date _____

Representatives (if any) _____

Address _____

Phone Number _____

City, State, Zip _____

This form should be submitted to:

(Name or Title of Workforce Center, contractor or service provider complaint contact person)
(Address)





DENVER
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 An W. Mickenlooper
 City

**OFFICE OF ECONOMIC DEVELOPMENT
 DIVISION OF WORKFORCE DEVELOPMENT (DWD)**

**Job Seeker Assistance form
 (Complete both sides of this form)**

NAME: _____ SOCIAL SECURITY #: _____

DATE: _____ IS THIS YOUR FIRST VISIT TO A DENVER WORKFORCE CENTER? YES NO

How were you referred to our office?

- Friend, Media, Job Fair Youth Counselor Referral from other agency
 America's Job Bank DWD Welcome Letter Other _____

Are you currently receiving food stamps or Medicaid? Yes No

Do you have children 18 years old or younger who reside in your home? Yes No

Do you have children 18 years old or younger who do not reside in your home? Yes No

How many people are living in your household? _____

Circle your total monthly household income.

\$0 to \$1,914	\$1,915 to \$2,566	\$2,567 to \$3,218	\$3,219 to \$4,523
\$4,524 to \$5,176	\$5,177 to \$5,828	\$5,829 to \$6,481	\$6,482 and up

Are you between the ages of 14 and 21? Yes No

Have you been laid off from a job?
 (NOT INCLUDING BEING FIRED) Yes No

Have you recently applied for unemployment benefits? Yes No

Are you a displaced homemaker who has lost a source of income? Yes No

Examples: divorced homemaker; a person who has provided
 unpaid services for a family member

Were you self employed and lost your business? Yes No

Are you a U.S. citizen 18 years of age or older? Yes No

If you are a male, are you registered for Selective Service? Yes No

DWD STAFF ONLY 2/6/07

Source: Fax Mail-In Phone-In Walk-In WESTSIDE
 Purpose: UI Work Registration Triage Only Checked by: _____

Work Registration Form

(Complete both sides of this form)

Date _____

Social Security Number _____ Last name _____ First name _____ MI _____ Birth date _____

Address _____ City _____ State _____ Zip _____ Phone Number _____

Please answer the following questions if you served in the military: (Please skip to highest education if non-military)

Veteran: Yes No **Enlistment date** _____ **Discharge date** _____ **Branch of military (circle one)**

Disabled: Yes No _____ **ARMY / NAVY / USMC / USAF / USCG**

Highest Education Level: 8th & Below 9th 10th 11th 12th GED 13th 14th 15th 16th 17th Masters Doctorate

Are you currently receiving any benefits from Unemployment Insurance? Yes No **Gender:** Male Female

Race / Ethnic Hispanic American Indian Asian Black Hawaii Nat / Pacific Islands White Other

Do you need an accommodation? Yes No If yes what type? _____

Employment History (start with most recent)

1. Employer's Name _____ **Job Title** _____

From: Mo/Yr _____ **To: Mo/Yr** _____ **Salary \$** _____ **Per** _____

Reason for leaving (circle one) **Layoff** **Resigned** **Termination** **Job ended (Plant closing, contract expired, etc.)** **Other**

2. Employer's Name _____ **Job Title** _____

From: Mo/Yr _____ **To: Mo/Yr** _____ **Salary \$** _____ **Per** _____

Reason for leaving (circle one) **Layoff** **Resigned** **Termination** **Job ended (Plant closing, contract expired, etc.)** **Other**

Have you ever been convicted of a **Felony**? Yes No

Describe job type desired _____ **Provide months or years of related experience**

1st Choice _____
2nd Choice _____
3rd Choice _____
4th Choice _____

Minimum Salary Desired _____ (Check one) Fulltime (Check one) Permanent
 \$ _____ Per _____ Part time Temporary

County/Area (Circle) Adams Arapahoe/Douglas Boulder Denver-Metro El Paso Larimer Mesa
 Northwest Pueblo South Central Southeast Southwest Tri-County Weld

Driver's license class (check one) _____ Endorsements (check all that apply)

Regular Class R CDL-A CDL-B CDL-C Haz Mat Passengers Tankers Double & Triple Trailers

Can you work? **1st Shift** Yes No **2nd Shift** Yes No **3rd Shift** Yes No

Job Skills:

Skill	# Months Experience	Skill	# Months Experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____