

# Youth Build

# Olman, Robert

Oct - May 2011

#2

YBTC

Leadership

Other

# CERTIFICATE OF COMPLETION

This certificate is awarded to

**Robert Oeman**

# YouthBuild

For completion of YouthBuild Program  
October 1, 2010-June 10, 2011

A **WORKERS! OPPORTUNITY**

*Kim Gribbi*

YouthBuild Manager

*Joe Parent*

YouthBuild Construction Coordinator

**REGISTRATION FOR THE YOUTH PROGRAM OF THE WORKFORCE INVESTMENT ACT**  
 Department of Labor and Economic Growth - Bureau of Workforce Transformation

THIS INFORMATION IS REQUIRED BY PUBLIC LAW 105-200 OF AUGUST 7, 1998, TO DETERMINE PROGRAM ELIGIBILITY AND/OR MEET FEDERAL REPORTING REQUIREMENTS. THE DEPARTMENT OF LABOR AND ECONOMIC GROWTH WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP ON THE BASIS OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, DISABILITY OR POLITICAL BELIEFS.

Last Name: Olman First Name: Robert MI: D  
 Address: 819 Gladewood Lane City: Traverse City State: MI Zip: 49686  
 Phone: (231) 922-3088 County: GT Alternate Contact Name: Robert Olman  
 Alternate Phone: (231) 946-3637 Birth Date: 2/12/1992 Social Security #: 386-13-1070

**Personal Characteristics**

Gender (M/F): \_\_\_\_\_  
 Hispanic/Latino (Y/N): \_\_\_\_\_  
 Racial Group: (check all that apply)  
 African American: \_\_\_\_\_  
 American Indian/Alaskan Native: \_\_\_\_\_  
 Asian: \_\_\_\_\_  
 Hawaiian Native/Other Pacific Islander: \_\_\_\_\_  
 White:  \_\_\_\_\_  
 Disability (Y/N): \_\_\_\_\_  
 Citizen (US/Eligible. Non) (Y/N): \_\_\_\_\_  
 Selective Service Registered (Y/N or NA): \_\_\_\_\_  
 Veterans Status (select one)  
 Yes, Equal to, Less Than 180 Days: \_\_\_\_\_  
 Yes, Eligible Veteran: \_\_\_\_\_  
 Yes, Other Eligible Person: \_\_\_\_\_ No: \_\_\_\_\_  
 Campaign Veteran (Y/N): \_\_\_\_\_  
 Disabled Veteran (Select one): Yes \_\_\_\_\_  
 Yes Special Disabled: \_\_\_\_\_ No \_\_\_\_\_  
 Recently Separated Veteran (Y/N): \_\_\_\_\_  
 Employment at Registration (select one)  
 Employed: \_\_\_\_\_  
 Employed but Received Notice of Termination or Military Separation: \_\_\_\_\_  
 Not Employed:  \_\_\_\_\_  
 Wages per hour Prior Six Months: \_\_\_\_\_  
 Unemployment Compensation Programs (select one)  
 Eligible claimant referred by WPRS: \_\_\_\_\_  
 Eligible claimant not referred by WPRS: \_\_\_\_\_  
 Exhaustee: \_\_\_\_\_  
 Neither claimant nor exhaustee:  \_\_\_\_\_  
 Migrant/Seasonal Status  
 Not a Migrant/Seasonal Farmworker:  \_\_\_\_\_  
 Seasonal Farmworker: \_\_\_\_\_  
 Seasonal Farmworker - Field Worker Only: \_\_\_\_\_  
 Migrant Farmworker: \_\_\_\_\_  
 Migrant Farmworker - Field Worker Only: \_\_\_\_\_  
 Migrant Food Processor: \_\_\_\_\_  
**Dislocated Worker Section**  
 Date of Dislocation: \_\_\_\_\_  
 Has Notice or is Terminated or Laid-off from employment (Y/N): \_\_\_\_\_ and is  
 Eligible for or Exhausted Unemployment compensation (Y/N): \_\_\_\_\_ or

**Assistance Information**

Income (annual): \$ 0  
 Family Size: 1  
 TANF (Y/N): \_\_\_\_\_  
 General Assistance (GA), Refugee Assistance (RCA), or Supplemental Security Income (SSI) (Y/N): \_\_\_\_\_  
 Food Assistance (Y/N): \_\_\_\_\_  
 Pell Grant (Y/N): \_\_\_\_\_  
 Disaster Relief Assistance (NEG Only): \_\_\_\_\_  
 Low Income (Y/N): \_\_\_\_\_  
 5% Funding: \_\_\_\_\_  
**Barriers to Employment**  
 Limited English Language Proficiency (Y/N): \_\_\_\_\_ (not for eligibility)  
 Single Parent (Y/N): \_\_\_\_\_  
 Foster Child (Y/N): \_\_\_\_\_  
 Homeless (Y/N): \_\_\_\_\_  
 Runaway Youth (Y/N): \_\_\_\_\_  
 Offender (Y/N): \_\_\_\_\_  
 Pregnant or Parenting Youth (Y/N): \_\_\_\_\_  
 Youth-Needs Special Assistance (Y/N): \_\_\_\_\_  
 Behind a Grade Level (Y/N): \_\_\_\_\_  
 Other Barrier (Y/N): \_\_\_\_\_ (5% window low income is no)  
 If YES, Barrier: \_\_\_\_\_


**Education**

Education Level:  
 No school grades completed: 10  
 Number of elementary/secondary school grades completed (1 - 12): 10  
 High School Graduate \_\_\_\_\_  
 Certificate of Equivalency or (GED): \_\_\_\_\_  
 One Year Post HS: \_\_\_\_\_  
 Two Years Post HS: \_\_\_\_\_  
 Three Years Post HS: \_\_\_\_\_  
 Bachelor's Degree or equivalent: \_\_\_\_\_  
 Education beyond the Bachelor's degree: \_\_\_\_\_  
 No formal Education: \_\_\_\_\_  
 Attained certificate of attendance/completion: \_\_\_\_\_  
 Attained other post-secondary degree or certification: \_\_\_\_\_  
 Attained Associates degree or diploma: \_\_\_\_\_  
 Education Status at Registration (Select the one that applies)  
 Student, High School or less: \_\_\_\_\_  
 Student, Attending Post High School: \_\_\_\_\_  
 Not Attending School, High School Dropout: \_\_\_\_\_  
 Not Attending School, HS Graduate: \_\_\_\_\_  
 Student Alternative School:  \_\_\_\_\_

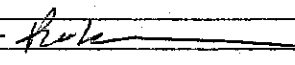
Meets One-Stop Center Attachment to Workforce (Y/N) <input checked="" type="checkbox"/> _____ and is Unlikely to Return to Prior Industry or Occupation (Y/N) <input checked="" type="checkbox"/> _____ or Has Notice or is Terminated or Laid-off from employment Due to Plant, Facility, or Enterprise Closure (Y/N) <input checked="" type="checkbox"/> _____ or Employed at Facility Announced to Close within 180 Days (Y/N) <input checked="" type="checkbox"/> _____ or Self-employed but Unemployed because of General Economic Conditions or Natural Disaster (Y/N) <input checked="" type="checkbox"/> _____ or A Displaced Homemaker (Y/N) <input checked="" type="checkbox"/> _____ or Employed at Facility Announced to Close, No Date (Y/N) <input checked="" type="checkbox"/> _____	Enrolled in Education (Y/N) <input checked="" type="checkbox"/> _____ Basic Literacy Skills Deficiency (Y/N) <input checked="" type="checkbox"/> _____ English Reading Grade Level: <u>12</u> OR Test Score: _____, Name and Test Form _____ <hr/> Math Grade Level: <u>9.8</u> OR Test Score: _____, Name and Test Form _____ <hr/> Regional Skills Alliance Participant (Y/N) <input checked="" type="checkbox"/> _____ Dislocated Worker Scholarship Participant (Y/N) <input checked="" type="checkbox"/> _____ Career Advancement Account (Y/N) <input checked="" type="checkbox"/> _____
--	--

CERTIFICATION: READ CAREFULLY. I certify that I have reviewed this application and that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and certification and I may have to provide documents to support this application. I understand the refusal to provide requested documents may result in my termination from the program. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud or perjury. I allow release of this information for verification purposes and understand it will be used to determine eligibility.

Are you related to anyone involved in the administration of the WIA program in the State of Michigan? (Y/N)  \_\_\_\_\_  
 If Y (Yes), indicate name and county, or agency and relationship: \_\_\_\_\_

WIA Registration Date: <u>12 / 11 / 08</u>	Applicant Signature: 
--	--

Intake Worker Signature: Dana Moore Date: 12 / 11 / 08 Eligible:  Yes  No

Comments / Notes:  
 \_\_\_\_\_  
 PARENT SIGNATURE -   
 \_\_\_\_\_  
 \_\_\_\_\_