



## Allen County

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### STNA Informational Appointment Checklist

#### PLEASE READ INFORMATION BELOW:

**THIS PACKET MUST BE COMPLETED** before you can meet with a Case Manager.

Once you have everything on the checklist completed, please call (419) 999-0360 and ask to schedule an informational appointment.

Please reserve program questions for the Case Manager who will review the checklist with you.

Please ensure you have following items with you when you make appointment with Case Manager.

If not applicable to your situation, please indicate N/A

#### Documentation needed for you to bring to your scheduled appointment with Case Manager:

- Age** – Birth certificate, Baptismal Record, DD214, Driver License, OR Passport
- Citizenship** – Social Security Card, Birth Certificate, Baptismal Record, OR Passport
- Social Security Number** – Social Security Card, DD214, OR Passport
- Selective Service** – If male, born after Jan.1, 1960. DD214 or verification of registration ([www.sss.gov](http://www.sss.gov))
- Dislocated Worker** – Layoff letter or Unemployment Compensation Verification
- Income** – All income for all household members for the last 30 days
- Resume** – Updated resume
- OMJ Employment Contact Form** or documentation of your job search for the last 30 days (if unemployed)
- OMJ Individual Assessment/Application** completed
- Job History Form** completed

#### Information Required for STNA Students

- All medical students must verify their background. Verification of this can be found at [www.limamunicipalcourt.org](http://www.limamunicipalcourt.org) or your local municipal court if not an Allen County resident.
- STNA Individual Assessment form completed (included in this package)

**PLEASE NOTE:** The Workforce Innovation and Opportunity Act (WIOA) **is not an entitlement program** and you are not guaranteed career or training services. Your eligibility and suitability for services will be determined by a WIOA Case Manager.



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## Individual Assessment /Application

READ & COMPLETE CAREFULLY

**You will be rescheduled if this form is not completed in its entirety**

What type of service are you exploring?     Job Search     Education/Training     On-the-Job Training

Name:	Date:		
Mailing Address:	City:	State:	ZIP:
Phone Number:	Email:		
Social Security Number:			
Are you between the ages of 18 – 24? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Income Information

List Household Members (Include yourself)	Relationship	Date of Birth	Monthly Income	Source of Monthly
			(Income including: Earned & Unearned Income, Unemployment Comp, SSL, RSDI, etc)	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

If no income, how do you support yourself?

### Employment Information

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If employed, list current place of employment:
Are you presently laid-off? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list company:
Have you received notification of layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list company:

### Career/Education Goal

What is your education status?     HS Grad /GED     ABLE     Vocational School     Associate Degree

Bachelor Degree     Certificate     Credential     Some College \_\_\_\_\_

If you have not graduated or received your High School Equivalency, what is the highest grade completed?

What is your employment or career goal?

Are you currently enrolled in school?     Yes     No    If yes, where/what program:

Where would you like to receive this training?

Did you complete any type of assessment at the training institution or career placement     Yes     No  
(Example: WorkKeys, Compass, TABE, SLE)

Cost of this training:	Start date of the training:	Anticipated end date of the training:
What kind of jobs would you be qualified for after completing this training?		
What skills, experience or training do you currently have that would make you a good candidate for this field?		
What is the entry-level salary/wage rate for jobs in this field?		
What is the employment outlook, including projected annual openings, for this type of work in the local job market?		
How far are you willing to travel/drive for a position in this field?		
Please indicate the Job Search skills that you need assistance with: <input type="checkbox"/> Basic Computer <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Internet Job Search <input type="checkbox"/> Resume <input type="checkbox"/> Cover Letters <input type="checkbox"/> Interviewing <input type="checkbox"/> Budgeting <input type="checkbox"/> Other _____		
What will be your job search strategy following the training?		
<b>Needs &amp; Barriers</b>		
<input type="checkbox"/> Disabled <input type="checkbox"/> Older Worker <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Limited Proficiency <input type="checkbox"/> Offender <input type="checkbox"/> Basic Literacy <input type="checkbox"/> Learning Disability <input type="checkbox"/> Poor Work History <input type="checkbox"/> Homeless <input type="checkbox"/> TANF Exhausted <input type="checkbox"/> School Drop-out <input type="checkbox"/> Mental/Physical Limitations <input type="checkbox"/> Past IEP (Individual Education Plan)		
Will you need child care now or in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your emergency plan when the child(ren) is ill and cannot stay with child care provider?		
Can you provide your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, who will be responsible for driving you back & forth to training/work?		
<b>Financial Aid (Education/Training Only)</b>		
PELL Amount awarded	\$	
Employer Scholarship or Contribution	\$	
Student Loans	\$	
Other Resources: _____	\$	
<b>Total Amount Awarded</b>	<b>\$</b>	
Are you default on a previous Student Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes have you been making payments? <input type="checkbox"/> Yes <input type="checkbox"/> No **Documentation of last 6 months of on-time payments must be provided for default student loans	

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Case Manager Signature

\_\_\_\_\_

Date



**STNA Individual Assessment**

*Below are common job duties of a licensed STNA. Please review this list and check box if you would be willing and able to perform the job duties.*

- Dispose of soiled linen
- Apply vest restraint
- Assists resident with the use of bedpan, commode or bathroom
- Dress resident
- Feed dependent resident
- Give bed bath, tub bath or shower
- Make an occupied/unoccupied bed
- Measure and record urinary output
- Provide denture care
- Provide hair care (shampoo, brush/comb, etc.)
- Provide mouth care
- Provide perinea (skin) care for incontinent resident
- Provide routine fingernail care
- Provide routine foot care
- Shave resident
- Transfer resident from bed to wheelchair

*Below are common convictions which could disqualify you from becoming a licensed STNA. If you have been convicted of one of these crimes you may want to reconsider your career decision.*

- Aggravated Menacing
- Assault
- Breaking & Entering
- Burglary
- Domestic Violence
- Drug Crimes
- Misuse of Credit Cards
- Pandering Obscenity
- Passing Bad Checks
- Prostitution
- Public Indecency
- Receiving Stolen Property
- Robbery
- Sexual Oriented Crime
- Theft
- Unauthorized use of Property
- Unauthorized use of a vehicle
- Voluntary/Involuntary  
Manslaughter
- Weapons Crimes

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Signature

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Date



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## Job History

Name \_\_\_\_\_ Last four SSN xxx-xx \_\_\_\_\_

### List Employment History \* Begin with most current employment

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
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Job Duties:		
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Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

I have never been employed. Initials \_\_\_\_\_ Date \_\_\_\_\_

**Employer Contacts for the Last 30 days**

	Date	Employer	Application method (online, in person, etc)	What position did you apply for?	Do you currently have the qualification(s) for this position?	Response from Employer
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Signature \_\_\_\_\_

Date \_\_\_\_\_