

AMERICAN APPRENTICESHIP INITIATIVE - JOB TRAINING GRANT

INSTRUCTIONS FOR COMPLETING VALLEY OJT SUPPLEMENTAL APPLICATION

Congratulations on becoming a Registered Apprentice! The Shenandoah Valley Workforce Development Board has recently obtained a federal grant to expand registered apprenticeship in Virginia. Valley OJT (an on-the-job training initiative of the Shenandoah Valley Workforce Development Board) is partnering with your Employer and the Department of Labor and Industry, Division of Registered Apprenticeship, to reimburse a portion of apprenticeship instruction for eligible individuals. The federal grant requires us to collect information from both the Employer Sponsor and the Apprentice at various points throughout your apprenticeship for the purpose of measuring performance to grant goals. We appreciate your help and cooperation so we can continue to obtain grants to support workers in the Shenandoah Valley.

1. Valley OJT Supplemental Application: please complete the enclosed application form.
2. Please read and sign the second page, Equal Opportunity Rights Notification.
3. Document Verification. The federal grant may benefit only those individuals who have the right to work in the U.S., and has Veterans' Priority of Service (20CFR Part 1010). We seek to increase apprenticeships in underrepresented populations including women, people of color, persons with disabilities, transitioning military, and Veterans. To verify these requirements and track these goals, we are required to ask questions, examine documents, and report grant participation. To apply for enrollment, please bring the following to your apprenticeship enrollment meeting:

- Completed Valley OJT Supplemental Application Form and Signed EO form
- To verify identity and right to work in the US, your employer can provide us with a copy of the I-9 form complete at hire. If that is not acceptable, then documents from the enclosed list that establish identity and right to work in the U.S. *(Either 1 document from List A, OR 1 document from List B AND List C.*
- If you are a Veteran, thank you for your service – and please bring a copy of your DD-214
- Please bring a copy of your Resume**
- Please tell us if you will receive tuition assistance from the GI Bill or other government sources so we can coordinate funding as is required for this grant
- It is important to consider “disability” has a much broader definition than generally understood. Please review the enclosed fact sheet before checking the box on the supplemental application.

Thank you for your cooperation and good luck with your apprenticeship! For any questions, contact:

Vanessa Robison, Program Specialist, Valley OJT, 540-442-7134 ext. 111 vrobison@valleyworkforce.com;
Sherry Pinto, Program Specialist, LFCC, 540.869.0754, spinto@lfcc.edu, or
Debby Hopkins, Project Director, Valley OJT at dhopkins@valleyworkforce.com

GOOD LUCK IN YOUR REGISTERED APPRENTICESHIP JOURNEY

VALLEY OJT SUPPLEMENTAL APPLICATION – REGISTERED APPRENTICESHIP PROGRAM

Employer Sponsor: _____ **Hire Date:** _____

Name: _____ **Date of Birth:** _____

***SSN:** _____ **Email:** _____

Race: Asian American Indian/Alaska Native Black/African American Native Hawaiian/Other Pacific Islander

White More Than One Race **Ethnicity:** Hispanic/Latino Non-Hispanic/Latino

Veteran: Yes No **Gender:** Male Female Do you identify as having a **Disability** *per the insert?* Yes No

Education: 8th Grade or Less 9-12th Grade GED High School or Greater Post-Secondary or Technical Training

College Degree (if any): Associate Undergraduate Graduate Doctorate

Release of Information

I agree to the release of information from the Virginia Department of Labor and Industry Division of Registered Apprenticeship, any training provider, my employer sponsor, and others involved in my training and employment to personnel working with the SVWDB, Valley OJT, and Department of Labor for purposes of implementation of a federal grant, information that pertains to employment, training and education outcomes, credentials earned, services provided, employment status, dates worked, compensation, title, and other information necessary to verify training progression and completion of my registered apprenticeship program. My Release of information will expire 12/31/2021.

Applicant's Signature

Date

Release of Image

I hereby consent that my name as well as any and all photographs and/or video films taken of me in a training, workplace, or education setting in regard to or as a result of training funded by the SVWDB through funding provided by the Department of Labor may be used by either SVWDB and training institutions for the purposes of advertising and/or publication print including website entries and television commercials, without payment or any other consideration. In addition, I hereby irrevocably authorize all above organizations and institutions to edit, alter, copy, exhibit, publish or distribute this photo and/or video for purposes of publicizing the DOL program or for any other lawful purpose. I also waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I understand and agree that these materials will become the property of the SVWDB and the US DOL and will not be returned. I hereby hold harmless and release and forever discharge the SVWDB and all affiliated organizations and institutions from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am over 18 years of age and competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Applicant's Signature

Date

Follow-up Agreement

Enrollment in a federally funded training program requires information to be provided to the SVWDB before and after you complete your apprenticeship program (follow-up). Please sign below affirming you will cooperate with our requests for this information:

Applicant's Signature

Date

SVWDB REPRESENTATIVE

Date

* The collection of this information helps to track the long-term success of this training program. Your personal information is kept confidential and secure and will not be shared with any outside agencies other than those involved with the support or oversight of this grant received by the SVWDB and issued by the U.S. Department of Labor.

Equal Opportunity (EO) Rights of Notification

Equal Opportunity is the Law

This recipient* is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the Workforce Innovation and Opportunity Act, as amended (WIOA), in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA-funded program or activity. If you think that you have been subjected to discrimination under a WIOA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer: *Sharon Johnson*, Shenandoah Valley Workforce Development Board, P.O. Box 869 Harrisonburg, VA 22803, or you may file a complaint directly with the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue N.W., Room N-4123, Washington D.C. 20210. If you elect to file your complaint with the recipient, you must wait until the recipient issues a decision or until 90 days have passed, whichever is sooner, before filing with (CRC) (see address above). If the recipient has not provided you with a written decision within 90 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with (CRC) within 30 days of the expiration of the 90 day period. If you are dissatisfied with the recipient's resolution of your complaint, you may file a complaint with the (CRC). Such complaint must be filed within 30 days of the date you received notice of the recipient's proposed resolution.

*Recipient - means any entity to which Federal financial assistance under any title of (WIOA) is extended, either directly or through the Governor or through another recipient (including any successor, assignee, or transferee of a recipient), but excluding the ultimate beneficiaries of the WIOA-funded program or activity and the Governor. Recipient includes, but is not limited to: Job Corps Centers and One Stop Center/Operators (excluding Federally- operated Job Corps Centers), State Employment Security Agencies, State-level agencies that administer WIOA funds, SDA grant recipients, Substate grant recipients and service providers, as well as National Program recipients.

Grievance and Complaint Procedure

Each grievance or complaint must be filed, in writing, to the Shenandoah Valley WDB, PO Box 869, Harrisonburg, VA 22803, within 30 calendar days of the alleged incident and shall contain the following information:

1. The name, address and phone number of the person filing the grievance or complaint;
2. The date of the alleged situation and the date the grievance or complaint was filed;
3. The identity of the respondent (i.e. the individual or entity against whom the grievance or complaint is alleged);
4. A description of the allegations. This description must include enough detail to allow the reviewer to decide whether the allegations, if true, would violate any of the provisions of WIOA; and
5. The signature of the person filing the grievance or complaint.

I understand that written policies on Grievance Procedures are on file at the contactor's administrative office and that I may have a copy upon request.

I have read my rights under WIOA programs and have been given a copy of the Equal Opportunity Rights Notification.

I, THE APPLICANT, AGREE THAT THIS NOTIFICATION HAS BEEN EXPLAINED TO ME, AND I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS FOR CLARIFICATION.

Signature of Applicant _____

Date _____

AS A REPRESENTATIVE OF THE SHENANDOAH VALLEY WORKFORCE DEVELOPMENT BOARD, I CERTIFY THAT THE INFORMATION CONTAINED IN THIS NOTIFICATION HAS BEEN EXPLAINED TO THE APPLICANT.

Signature of Representative _____

Date _____

What is a disability?



There are many definitions for disability. Disability generally refers to a medical condition that impacts how an individual can function. A disability may substantially limit life activities and impact the person's ability to obtain and retain employment.

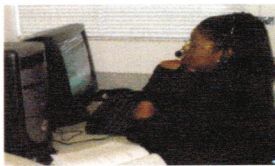


The Americans with Disabilities Act (ADA) legislation is written to protect persons with disabilities from discrimination. The ADA defines disability as any physical or mental impairment that substantially limits one or more major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.



Disability can become a fact of life for anyone at any time.

According to the 2013 U.S. Census Bureau's American Community Survey, today, 36 million people in the United States are living with a disability. **That's one person in every eight people or 12% of the population.** Some people are born with a disability; some people become ill or have an accident that results in a disability; and some people develop a disability as they age. Some have college degrees; some dropped out of school. **The reality is that just about everyone—women, men and children of all ages, races and ethnicities—will experience a disability at some time during his or her lifetime.** As we age, the likelihood of having a disability of some kind increases. For example, 11% of 21 to 64-year-olds; 26% of those ages 65 to 74; and 51% of those 75 years and older have some form of disability.



Disability is neither inability nor infirmity.

Most persons with disabilities are, in general, just as healthy as people who don't have disabilities; however, for a variety of reasons, persons with disabilities can be at greater risk for illness. **Most people with disabilities can and do, work, play, learn, and enjoy full lives in their communities.**



Orthopedic impairments and hearing and vision challenges are some examples of obvious disabilities. In other cases, a disability may not be readily apparent. People with some kinds of invisible disabilities, such as chronic pain or a sleep disorder, are often accused of faking or imagining their disabilities. These symptoms can occur due to chronic illness, chronic pain, injury, birth disorders, etc. and are not always obvious to the onlooker. Some examples of hidden disabilities are listed below.



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|-----------------------|------------------------------------|----------------------------|
| Cognitive Impairments | Crohn's Disease | Brain Injuries |
| Diabetes | Arthritis | Chronic Fatigue Syndrome |
| Cardiac Problems | HIV/AIDS | PTSD |
| Asthma | Kidney Disease | Drug and Alcohol Addiction |
| Learning Disabilities | Carpel Tunnel | Cancer |
| Seizure Disorder | Emotional or Psychiatric Disorders | |

Many individuals with disabilities make good employees due to previous work history, training and education, attitude, and the abilities they bring to the job. Most often people with disabilities do not require any accommodations at work.