

CONGRATULATIONS on taking your first step toward enrollment in the Workforce Innovations and Opportunities Act (WIOA) program by completing the orientation workshops. Please gather the requested items in the checklist and complete this full intake packet. Program registration cannot be completed unless you have provided all required verifications and documents. You may either securely upload your documents into NEWorks or email them to OmahaEligibility@nationalable.org. Kindly note that if you send your documents via email, we highly suggest you encrypt your email to keep your information safe.

PLEASE COMPLETE THIS QUESTION FIRST:

Have you ever been enrolled in the Workforce Investment Act (WIA) and/or the Workforce Innovation Opportunity Act (WIOA)?

Yes No Not Sure

If you selected YES, and are seeking to enroll again please complete THIS FORM and DO NOT PROCEED to the next step in this application until you have communicated with a staff member. Thank you!

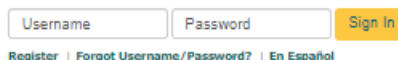
DISCLAIMER: *There is usually a lifetime limit of ONE WIA/WIOA training per person. It is rare to be approved for a second training if you've already participated in a WIA/WIOA training. In each case, there is strict criteria that must be met. Requests for second training must be approved by the funder, and we cannot guarantee approval.*

If you selected NO or NOT SURE, please proceed to the following section. Thanks!

NEWorks

You must also register at [NEWorks.nebraska.gov](https://neworks.nebraska.gov). Please ask our staff for assistance if needed.

1. Click this link or enter this link in your browser of choice: [NEWorks.Nebraska.gov](https://neworks.nebraska.gov)
2. Click Register, located under the Username box near the top of the screen (*see image below for screenshot*)



3. Scroll down to Option 3 – Create a User Account and Select Individual, and then click “I Agree”
5. Select Comprehensive Registration
6. Answer the question “Are you attempting to file and Unemployment Insurance Claim at this time?”
7. Begin entering your information and follow the prompts

**NOTE: After registering on NEWorks, you should complete the Eligibility Explorer and securely upload your documents. The Eligibility Explorer can be found under “Services for Individuals”.*

Assessment

In addition, we will need you to complete an assessment. This assessment can be completed online at any time. National Able Network utilizes Career Scope for this assessment. The eligibility specialist will send you a link after your application is received. **If you have completed a CareerScope, CASAS, TABE, or similar assessment in the past SIX months, please let us know as we may be able to accept it.** If you have a college degree, you may provide us with documentation of your degree which will waive the assessment requirement.

This is a timed assessment. Be mindful of how much time you are spending to complete each segment.

After you have completed the CareerScope Assessment, we will be able to access your scores to include with your intake packet. Please let us know when you have completed it.

Please feel free to utilize the computers in our Resource Room to complete the assessment. If you have technical difficulties or have issues registering, please ask one of our staff for assistance.

Eligible Training Provider List

If you are interested in training/school, please keep in mind that WIOA utilizes The State of Nebraska Eligible Training Provider List to determine whether the Program is eligible for WIOA training funds. You may access the Eligible Training Provider List through NEWorks.

1. Click this link or enter this link your browser of choice:
NEWorks.Nebraska.gov
2. Scroll down to the Job Seekers box and select **“Training Services”** (see image above for screenshot)
3. Select **“ETPL Approved Programs”**

Job Seekers	
Find a Job	➤
Create a Résumé	➤
Unemployment	➤
Training Services	➤

Please keep in mind, the costs listed on the site are **estimated costs of the overall program and are not indicative of what the program can pay. If you do not see your program of choice on the list, please contact us.*

National Able Network Application Form

Program: Workforce Innovation & Opportunity Act (WIOA)

Hello! Please complete this form, and make sure to submit via email.
For email information, visit www.NationalAble.org/enrollnebraska

1. Tell us about YOU.

First Name: _____ Middle Name: _____ Last Name: _____

Phone Number: _____ Email: _____

When did you attend orientation? (MM/DD/YY) _____

When did you complete your NE Works Eligibility Explorer? (MM/DD/YY) _____

2. Tell us about your military background.

▶ Have you ever served in the United States Military? ☐ Yes ☐ No

▶ If you have served in the United States Military, please complete the items below:

Branch of service: _____

Service Dates (Month/Day/Year): Start _____ End _____

Nature of Discharge: ☐ Honorable ☐ Dishonorable
☐ Service-connected disability ☐ Less than honorable

3. Tell us about your education history.

▶ What is the highest education level you completed?

<input type="checkbox"/> Some high school	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> High school graduate (with diploma)	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High school graduate equivalent (with GED)	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Some college	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Associate Degree	

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4. Tell us about your employment situation.



What's your current employment status?

☐

I'm unemployed.

☐

I'm currently employed.

☐

I'm employed, BUT I received
notice of termination/separation.

☐

I'm not in the labor force.



How long has it been since your last employment? _____



Have you received unemployment benefits in the last 5 years?

☐

Yes

☐

No

5. What are your employment goals?



What type of position are you seeking? (Select all that apply!)

☐

Full-time position

☐

Part-time position

☐

Other: _____



What industries are you interested in? (Select all that apply!)

☐

Administrative / Office / Clerical

☐

Information Technology

☐

Business, Management, Professional

☐

Manufacturing

☐

Construction

☐

Transportation / Warehouse / Logistics

☐

Healthcare / Medical



Are you interested in training opportunities? If so, select all that apply!

☐

Apprenticeship

☐

Internship / Work Experience

☐

On-The-Job Training

☐

School / Education

National Able Network Application Form

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6. Describe your current situation.

SELECT ALL THAT APPLY.

Need immediate work
Job search assistance
Training for new skills
Training for job search
Child care issues
Transportation issues
Financial problems
Want/Need GED
Limited English proficiency

SELECT ALL THAT APPLY.

Drug/alcohol dependency
Supporting myself during job search
Homeless
Experiencing legal issues
Getting job-related training
Mental Disability
Physical Disability
Offender - Felony
Offender - Misdemeanor



Please answer the information below for ALL members of your home (make sure to include yourself!) If you need more space, please continue on the last page.

Name	Relationship	Age	If this person has income, please include income type:
Your name:	Self	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

National Able Network Application Form

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7. Tell us about your work history.

START WITH YOUR MOST RECENT EMPLOYMENT.

EMPLOYMENT 1:

Company: _____ Job Title: _____
Company Address: _____ City: _____ State: _____ Zip: _____
Type of Employment (ex: Seasonal, Temp, Regular, etc.): _____
Full-time or part-time? _____ Hourly Wage/Salary: \$ _____
Start Date: _____ End Date: _____
Last Date Worked: _____ Reason for Separation: _____
Job Duties: _____

EMPLOYMENT 2:

Company: _____ Job Title: _____
Company Address: _____ City: _____ State: _____ Zip: _____
Type of Employment (ex: Seasonal, Temp, Regular, etc.): _____
Full-time or part-time? _____ Hourly Wage/Salary: \$ _____
Start Date: _____ End Date: _____
Last Date Worked: _____ Reason for Separation: _____
Job Duties: _____

EMPLOYMENT 3:

Company: _____ Job Title: _____
Company Address: _____ City: _____ State: _____ Zip: _____
Type of Employment (ex: Seasonal, Temp, Regular, etc.): _____
Full-time or part-time? _____ Hourly Wage/Salary: \$ _____
Start Date: _____ End Date: _____
Last Date Worked: _____ Reason for Separation: _____
Job Duties: _____

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NE Works User Consent

As a registered user of NE Works you will have access to staff-assisted services such as resume development, job search skills, job referrals, labor market information, and other workforce services. The information you provide to create your NE Works account can be used in the following ways:

- Your resume, work history, and contact information are available to staff at workforce service agencies. Staff members may view your resume and work history to match you to jobs for which you may be qualified. Staff may contact you directly about a job opportunity or pass your resume, work history, and contact information on to an employer.
- NE Works may work with researchers to analyze the quality and effectiveness of programs and services offered through NE Works. This may involve information about you and the services you are provided going to a researcher. All researchers working with NE Works must commit to strict confidentiality agreements and data protection standards. Neither NE Works nor its research contractors will ever publicly release information specifically about you. Additionally, you may be contacted to participate in evaluations and/or customer satisfaction surveys.
- Equal Employment Opportunity is the Law. All agencies providing services through NE Works must follow local, state and federal equal opportunity and nondiscrimination laws. You can read our full [Equal Employment Opportunity statement here](#).
- Your contact information will not be sold and will not be used to send junk email. You can read our [complete privacy policy here](#).
- Use of NE Works constitutes acceptance of all [Terms of Use](#).

By checking "I agree" and signing below, you agree to all of the above terms and conditions of NE Works.

☐ I agree

Print Full Name: _____ Date: _____

Sign: _____

Extra Space

If you would like to provide more information about yourself in order for us to serve you better, please include that here: