



Participant Enrollment Package

**The Real Jobs RI Program is supported by a combination of state and federal funds.
Participants must enroll in the program to receive grant-supported services.
Please complete the attached form, then return it along with copies of supporting documents.**

Proof of Identity and Work Authorization is REQUIRED

This requirement may be satisfied through the submission of **copies** of any of the following documents:

- Social Security Card AND Unexpired Government- or School-Issued Photo ID
- U.S. Birth Certificate AND Unexpired Government- or School-Issued Photo ID
- U.S. Naturalization Certificate
- Unexpired U.S. Passport or U.S. Passport Card
- Unexpired Alien Registration Card (Green Card)
- Unexpired Employment Authorization Card (with photo)

For a complete list of documents that will satisfy this requirement, refer to USCIS Handbook M-274, Part 8.
<https://www.uscis.gov/files/form/m-274.pdf>



Real Jobs RI Participant Enrollment Form



*** FOR PARTNERSHIP USE ONLY ***

PARTNERSHIP:	
Participant Type:	<input type="checkbox"/> JOB SEEKER or NEW HIRE TRAINEE <input type="checkbox"/> INTERN/FELLOW <input type="checkbox"/> INCUMBENT WORKER TRAINEE
Activity Enrolled in:	
Activity START DATE: / /	Activity END DATE (or estimated): / /

Please print clearly. Fields marked with an asterisk (*) are REQUIRED.

TODAY'S DATE: / /

*Last Name:	<input type="text"/>	*Social Security #:	<input type="text"/>
*First Name:	<input type="text"/>	*Date of Birth:	<input type="text"/>
Enter Street Address (if you are homeless, check here <input type="checkbox"/>):		Enter Mailing Address if different from Street Address:	
*Street Address:	<input type="text"/>	Mailing Address:	<input type="text"/>
*City/State/Zip:	<input type="text"/>	City/State/Zip:	<input type="text"/>
*Phone #:	<input type="text"/>	E-mail Address:	<input type="text"/>

- *Are you a U.S. Citizen? Yes No (if No, please provide your A# _____ - _____ - _____ and Expiration Date ____/____/____)
- *Are you registered with the Selective Service? Yes No N/A Exempt I don't know
- *Are you a Veteran? No Yes (if Yes, please submit a copy of your DD214)

*Educational Background	Race <input type="checkbox"/> I do not wish to disclose	Ethnicity <input type="checkbox"/> I do not wish to disclose
Highest Grade Completed: <input type="checkbox"/> Did not complete high school (Last Grade Completed: _____) <input type="checkbox"/> High School Diploma <input type="checkbox"/> General Equivalency Degree (GED) <input type="checkbox"/> Attended <i>some</i> College or Vocational School (non-degree holder) <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Native American or Alaskan	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Are you attending school or training currently? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where? _____	Gender <input type="checkbox"/> I do not wish to disclose <input type="checkbox"/> Male <input type="checkbox"/> Female	
English Language Learners (ELL) <input type="checkbox"/> I do not wish to disclose		
Do you consider yourself an English Language Learner? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Employment Status
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently working? <input type="checkbox"/> No <input type="checkbox"/> Yes (full-time) <input type="checkbox"/> Yes (part-time)
↳ If Yes, have you been notified of an impending layoff? <input type="checkbox"/> No <input type="checkbox"/> Yes (Projected Layoff Date: _____ Employer: _____)
↳ If Yes, do you consider yourself UNDER-EMPLOYED (i.e. current employment is not permanent OR is not commensurate with education, skills, or previous earnings)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously dependent on a family member's income and are no longer supported by that income? <input type="checkbox"/> Yes <input type="checkbox"/> No

*[Initial] _____ The information on this application is true and correct to the best of my knowledge.

*[Initial] _____ I certify that I have received a copy of the Equal Opportunity and Program Grievance Policy. I understand my rights and the process for filing an Equal Opportunity or Program complaint.

*[Initial] _____ I understand that by enrolling in Real Jobs RI, I will be automatically registered with EmployRI.org - Rhode Island's free public online job service database that offers a complete set of employment tools for job seekers.

*Applicant Signature: _____ *Date: _____

PARTICIPANT COPY

DO NOT RETURN WITH ENROLLMENT PACKET

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this state agency and recipient of federal financial assistance to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, genetic information, political affiliation or belief and for beneficiaries only, citizenship or his or her participation in a WIOA Title I financially assisted program or activity.

THE RECIPIENT MUST NOT DISCRIMINATE IN ANY OF THE FOLLOWING AREAS:

- Deciding who will be admitted, or have access, to any WIOA Title I financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such program or activity; or
- Making employment decisions in the administration of, or in connection with such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION:

If you think you have been subjected to discrimination, you may file a complaint within 180 days from the date of the alleged violation with either:

- 1) **The recipient's Equal Opportunity Officer, R.I. Department of Labor and Training, or**
- 2) **Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.**

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your complaint within 30 days of the date on which you received the Notice of Final Action.

FOR ADDITIONAL INFORMATION, OR TO FILE AN EQUAL OPPORTUNITY COMPLAINT, CONTACT:

Angelyne E. Cooper, EO Officer
Rhode Island Department of Labor and Training
1511 Pontiac Avenue
Cranston, R.I. 02920
Phone: (401) 462-8897
TTY via RI Relay 711

The Rhode Island Department of Labor and Training is an Equal Opportunity Employer/Program.

Auxiliary aids and services are available upon request to individuals with disabilities.

PROCEDURES FOR FILING GRIEVANCES/COMPLAINTS

ABOUT THE REAL JOBS RI PROGRAM

You are applying to participate in activities related to the Real Jobs RI program. These activities are funded, in whole or in part, through the federal Workforce Innovation & Opportunity Act (WIOA) and/or the state Job Development Fund (JDF). You are guaranteed the right to file a complaint regarding any aspect of the WIOA/JDF program. Further, no one may penalize you in any way for exercising your right to file such a complaint. You must follow the procedures described below if you feel you are being denied your rights.

PROCEDURES FOR FILING GRIEVANCES/COMPLAINTS ABOUT WIOA/JDF PROGRAMS:

- 1) All grievances/complaints must be filed within one year of the alleged violation.
- 2) A written complaint detailing the specific grievance must first be prepared and submitted to the following individual:

Executive Director
Governor's Workforce Board Rhode Island
Rhode Island Department of Labor and Training
1511 Pontiac Avenue, Building 72
Cranston, Rhode Island 02920

The written complaint must include the following information:

- a) Your name, address, and telephone number(s);
- b) A description of your grievance/complaint;
- c) The regulations or policies violated, if known;
- d) The date(s) of the alleged unfair act(s); and
- e) The name(s) and address(es) of any other(s) involved in the situation.

The Executive Director will issue a decision within 30 days of the filing of the complaint.

- 3) If you are not satisfied with the decision you receive from the Executive Director and you wish to file an appeal, you must do so within ten (10) days. You must send the written appeal to the following individual:

Director
Rhode Island Department of Labor and Training
1511 Pontiac Avenue, Building 72
Cranston, Rhode Island 02920

The Director (who is also the State WIOA Liaison Officer) will issue a decision within 60 days from the date you originally filed your grievance/complaint. The decision will include information informing you whether an additional appeal is available. The Director's decision is final for anyone whose participation in the Real Jobs RI program was funded through the state Job Development Fund.

- 4) If your participation was funded through federal resources, and if you are still not satisfied, you may then file a final appeal with the Secretary of Labor at the following address:

Secretary of Labor
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

The Secretary of Labor will render a decision within 120 days after the filing of the grievance/complaint.