

## TRUCK Driving 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 Truck Driving

- ☐ OMJ Truck Driver Assessment
- ☐ OMJ Job Information Interview Forms
- ☐ Valid Driver's License
- ☐ Background check ([www.limamunicipalcourt.org](http://www.limamunicipalcourt.org)) or your local municipal court if not an Allen County resident
- ☐ Driving Record ([www.bmv.ohio.gov](http://www.bmv.ohio.gov) (Click Online Services -> BMV Driving Record -> Unofficial 2-year driving record)

**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.



## 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? <input type="checkbox"/> HS Grad /GED <input type="checkbox"/> ABLE <input type="checkbox"/> Vocational School <input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Credential <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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

## 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:		

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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 \_\_\_\_\_

## Truck Driver Assessment

Name	Date
Are you exploring local route employment only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to go Over-the-Road? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license from the State of Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: You must have a valid driver's license.</i>	
Are you between the ages of 18 – 21? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Minimum age for interstate driving is 21.</i>	
<p>Our process includes a criminal background check and review of your driving record. In order to be potentially suitable for WIOA funding:</p> <ul style="list-style-type: none"> <li>• You can have no more than four points on your current driver's license</li> <li>• No DUI/DWI/OMVI motor vehicle substance convictions in the previous five years</li> <li>• Pass a DOT physical examination</li> <li>• Pass an approved drug screen</li> </ul> <p><b><u>Can you meet the above requirements?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Do you have minor or dependent children in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who will take care of your minor or dependent children while you are driving?	
Are you willing to miss special events with your minor or dependent children and other family members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a spouse or significant other? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Have you discussed truck driving with your spouse/significant other and the impact it may have on the family/relationship?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>	
How many days/nights are you willing to be away from home?	
What are your pay expectations?	
<p>What do you feel are the pros/cons of truck driving?</p> <p>Pros:</p> <p>Cons:</p>	



## Truck Driving Job Information Interview

Customer must make three contacts:

One of the three contacts must be an Over-the-Road driver with a Class A License.

Your Name: \_\_\_\_\_

### Contact #1

Company	Contact Date
Contact's Name	Position in the company
What class of driver's license (A, B, C, endorsements) did your contact have?	
What are the job duties of a truck driver with this company?	
How long is the driver away from home?	
What did you learn about the trucking industry from this job shadow or interview?	

### Contact #2

Company	Contact Date
Contact's Name	Position in the company
What class of driver's license (A, B, C, endorsements) did your contact have?	
What are the job duties of a truck driver with this company?	
How long is the driver away from home?	
What did you learn about the trucking industry from this job shadow or interview?	

### Contact #3

Company	Contact Date
Contact's Name	Position in the company
What class of driver's license (A, B, C, endorsements) did your contact have?	
What are the job duties of a truck driver with this company?	
How long is the driver away from home?	
What did you learn about the trucking industry from this job shadow or interview?	