



*Serving Northeastern North Carolina Since 1962*  
Choanoke Area Development Association of NC, Inc.  
Post Office Box 530, Rich Square, North Carolina 27869  
Telephone: 252.539.4155\* Fax: 252.539.2048  
[www.nc-cada.org](http://www.nc-cada.org)

### **WIOA ADULT/DISLOCATED WORKER WORKFORCE SPECIALIST**

The WIOA Adult/Dislocated Workforce Specialist will coordinate services to provide short and long term training for adults and dislocated workers 18 and older that reside in Martin county . A staff person for this position will need to be detail oriented; understand and provide good case management; be competent in entering required data into a web- based system; understand the importance of good documentation; and demonstrate good customer service skills. Four year degree in Social Work, Business Administration, Vocational Education, Criminal Justice or Counseling or the equivalent in experience and education is required. Previous positive WIOA/WIA experience will be helpful. (\$17.20 per hour)

**The basic functions of this position are to recruit eligible participants,** determine eligibility, arrange employment/training/OJT opportunities for adult and dislocated workers seeking employment and training, provide support services, and to meet the need of the customers-both participants and employers served.

Application Process: Submit a CADA Application and three references to:

CADA  
Human Resources  
Post Office Box 530  
Rich Square, North Carolina 27869  
Application Deadline: Open until filled

Application and job descriptions are available at any CADA Office and on our website at [www.nc-cada.org](http://www.nc-cada.org). Applicant selected for employment must complete a criminal record check and drug screening. CADA is an Equal Opportunity Agency and Employer. TDD 1 (800) 735-2962 or dial 711.

**POSITION DESCRIPTION**  
**Choanoke Area Development Association, Inc.**

Position	WIOA Adult/Dislocated Worker Career Consultant	Date:	March 2017
Overtime Status	Non-Exempt	Grade:	3
Salary Range			
Site Location	Martin. NCWorks Career Center		
Department	Employment and Training		
Reports to	Workforce Development Coordinator.		

**Qualifications:**

Four year degree in Social Work, Business Administration, Vocational Education, Criminal Justice or Counseling or the equivalent in experience and education. Experience working in community services and with employment programs will be considered. Previous WIOA/WIA experience will be considered. Computer experience required. Must have valid NC Driver's license and reliable transportation.

**Basic Functions:**

Coordinate core and intensive services as defined in the WIOA guidelines. Recruit participants. Identify and coordinate training/education/work experience/OJT opportunities for customers that match goals. Provide case management activities for customers and document all activities in system and hard files.

**Specific Functions:**

1. Market, recruit, and orient potential customers to the NCWorks Career Center and WIOA opportunities
2. Determine eligibility of applicants/customers in compliance with WIOA requirements and provide information to enroll eligible customers.
3. Assess customers through TABE/Career Scope
4. Develop Individual Employment Plans with customers to reflect their career goals.
5. Contact employers and provide labor market data online through NCWorks system and determine opportunities for OJT and employment for customers..
6. Provide job search and placement assistance and career counseling as appropriate.

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7. Develop and track performance information as required to generate reports and to monitor success
8. Provide customer with information on available short and long term training curriculums/opportunities.
9. Provide information on available supportive services, refer to available community resources and track provision of services.
10. Provide customers with opportunity to participate in Work experience, OJT, Apprenticeship, money management/financial literacy and budgeting.
11. Track educational and supportive services expenditures for each customer
- 12.. Assist with NCWorks Career Center duties as assigned.



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**APPLICATION FOR EMPLOYMENT**

\_\_\_\_\_ **Date of Application**

**CADA policy prohibits discrimination based on race, sex, color, creed, national origin, age, or disability.**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Address (Street No. &amp; Name)</b>		<b>City</b>		<b>State</b>	
_____		_____		_____	
<b>County</b>		<b>Phone (Home/or where you can be reached)</b>		<b>Business Phone</b>	
_____		_____		_____	

**AVAILABILITY**

Are you related by birth or marriage to any person now working for CADA or a member of the CADA Board?  
 \_\_\_\_\_ yes \_\_\_\_\_ no (If yes, give name, relationship to you and location employed). \_\_\_\_\_

Check (✓) the types of work you will accept:

- \_\_\_\_\_ (1) Regular, Full-time
- \_\_\_\_\_ (2) Regular, Part-time
- \_\_\_\_\_ (3) Temporary, Full-time
- \_\_\_\_\_ (4) Temporary, Part-time
- \_\_\_\_\_ (5) Any of the Preceding
- \_\_\_\_\_ (6) Work Involving Travel
- \_\_\_\_\_ (7) Shift or Split Shift Work

If you are not available for work now, enter the earliest date you could begin work. (Month/Day/Year) \_\_\_\_\_

**JOBS APPLIED FOR**

Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

**REFERRAL SOURCE**

Please indicate your referral source: \_\_\_\_\_

If you were referred by the Employment Security Commission (Job Service) please indicate which local office:

\_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4  
 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr)		Grad?		S/Q Hrs.	Maj/Min Course Work	Type of Degree Received
		From:	To:	Yes	No			
High School								
College(s) University(ies)								
Graduate or Professional								
Other educational, vocational schools, internships, etc.								

Special training programs and seminars you have completed in the last five years (List):  
 \_\_\_\_\_  
 \_\_\_\_\_

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_  
 Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Membership in professional, honorary, or technical societies (List): _____ _____	<b>DO NOT COMPLETE THIS BLOCK</b>
	<b>DEGREES AND PROFESSIONAL CREDENTIALS</b> <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible _____

Have you ever been Bonded? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes, with which Employer? \_\_\_\_\_

Licenses and certification (List, giving dates and sources of issuance):  
 \_\_\_\_\_  
 \_\_\_\_\_

**SKILLS:**  
 CHECK (✓) the following skills, experiences, etc. which you have:

<input type="checkbox"/> Driver's license _____ Number _____ State _____	<input type="checkbox"/> Sign language _____	<input type="checkbox"/> Legal transcription
<input type="checkbox"/> Chauffeur's license _____ Number _____ State _____	<input type="checkbox"/> Foreign language (specify _____)	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Car for use at work	<input type="checkbox"/> Adding machine/calculator _____	<input type="checkbox"/> Word Processing Skills
	<input type="checkbox"/> Typing (specify WPM) _____	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Shorthand / speedwriting (specify WPM) _____	

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)  
 YES  NO (If yes, explain fully on an additional sheet)

**WORK HISTORY (include volunteer experience) Use additional sheets if necessary**

Current or Last Employer:			Address:		
Job Title			Supervisor's name:		Telephone No.
Date Employed (mo/yr)			Starting Salary \$ _____ per _____		Ending or Current Salary \$ _____ per _____
Date Separated (mo/yr)			Reason for Leaving		
Full Time			May we contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>		
Years	Months	List major duties in order of their importance in the job:			
Part Time	Years	Months			
If part time, number of hours worked per week:					

1)

Employer:			Address:		
Job Title			Supervisor's name:		Telephone No.
Date Employed (mo/yr)			Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving
Date Separated (mo/yr)			List major duties in order of their importance in the job:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

2)

Current or Last Employer:			Address:		
Job Title			Supervisor's name:		Telephone No.
Date Employed (mo/yr)			Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving
Date Separated (mo/yr)			List major duties in order of their importance in the job:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

3)

Current or Last Employer:			Address:		
Job Title			Supervisor's name:		Telephone No.
Date Employed (mo/yr)			Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving
Date Separated (mo/yr)			List major duties in order of their importance in the job:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

4)

Current or Last Employer:			Address:		
Job Title			Supervisor's name:		Telephone No.
Date Employed (mo/yr)			Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving
Date Separated (mo/yr)			List major duties in order of their importance in the job:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

5)

DO NOT CONTACT EMPLOYER NUMBER(S) \_\_\_\_\_

REASON \_\_\_\_\_

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU MAY NOT WANT US TO CONTACT.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further undersigned that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1).

\_\_\_\_\_  
Signature of Applicant (unsigned applications will not be processed)

\_\_\_\_\_  
Date

**FOR EMPLOYER'S USE ONLY**

<b>R E F E R E N C E  C H E C K</b>	<b>Employer</b>	<b>Person Contacted</b>	<b>Results</b>
	1		
	2		
	3		
	4		

<b>I N T E R V I E W  R E S U L T S</b>	<b>Interviewer Name and Comments</b>

# Voluntary Confidential Applicant Data Sheet

(For Affirmative Action Purposes Only)

**Choanoke Area Development Association of NC, Inc., (CADA)** policy prohibits discrimination based on race, sex, color, national origin, age or disability. As part of CADA's Equal Opportunity Program, the federal government requires us to compile summary data about applicants. This Confidential Applicant Data Sheet is intended to help us collect this information. All responses are completely voluntary and will be used for statistical analysis only. This sheet will be removed by Human Resources and will not remain with your application. Refusal to respond will not result in adverse treatment of any applicant. Please complete and submit the following with your completed application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Gender: \_\_\_ Female \_\_\_ Male  
Date of Birth: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

## ETHNIC BACKGROUND

- \_\_\_ **White** (non Hispanic origin)
- \_\_\_ **Black/African American** (non Hispanic origin)
- \_\_\_ **American Indian or Alaskan Native**
- \_\_\_ **Hispanic** (Mexican, Puerto Rican, Cuban, Central or South American Latino, regardless of race)
- \_\_\_ **Asian or Pacific Islanders**
- \_\_\_ **Other or Multi-Ethnic/Racial**

## DISABILITY

Any person who (1) Has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) Has a record of such impairment, or (3) Is regarded as having such an impairment.

- \_\_\_ None/Prefer not to report.
- \_\_\_ Blind or severely visually impaired
- \_\_\_ Deaf or severely hearing impaired
- \_\_\_ Loss or Limited use of arms and or hands
- \_\_\_ Non-Ambulatory (must use wheelchair)
- \_\_\_ Semi-Ambulatory (limited mobility, but wheelchair not needed)
- \_\_\_ Respiratory Impairment
- \_\_\_ Nervous System /Neurological disorder
- \_\_\_ Mental Illness/Emotional Disturbance
- \_\_\_ Learning Disability
- \_\_\_ Other (Specify): \_\_\_\_\_

## VETERAN

\_\_\_ **Vietnam Era Veteran** – “a person (1) who served an active duty between 9/5/64 and 5/7/75 for a period of more than 180 days, and any part of which occurred during the Vietnam era, and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under the Act.”

\_\_\_ **Disabled Veteran** – “a person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 10 to 20 per cent in the case of a veteran who has been determined to have a serious employment handicap (section 1506 of Title 38) or a person who was discharged from active duty because of a service-connected disability.”

\_\_\_ **Disabled Vietnam Era Veteran** – Both of the above.

## CITIZENSHIP

\_\_\_ **Resident Foreign National** (an alien who has been admitted for permanent residence – must have Alien Registration Receipt Card, form I-551)

\_\_\_ **Non-Resident Foreign National** (an alien admitted temporarily for specific purposes and periods of time)

\_\_\_ **United States Citizens**

## REFFERAL SOURCE

- \_\_\_ Walk-In
- \_\_\_ Internet
- \_\_\_ Newspaper (please list) \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Employment Security Commission
- \_\_\_ CADA Employee
- \_\_\_ JobLink Center
- \_\_\_ Relative