

Middle Georgia Consortium, Inc.
124 Osigian Blvd., Suite A, P.O. Box 8539
Warner Robins, GA 31095
(478) 953-4771 or 1-800-537-1933
Follow-up Questionnaire for WIOA

CUSTOMER INFORMATION

Name: _____ Last 4 SSN: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____ Cell: _____
E-Mail: _____

EDUCATION INFORMATION (YOUTH ONLY)

School Attending	Date Enrolled	Planned Graduation Date	Program/Major

CREDENTIALS ATTAINED

While enrolled in the WIOA program or since leaving the WIOA program, have you attained any certificates, diplomas, or licenses? Yes No

If yes, please list credential(s) earned and the date listed on the credential(s).

Credential Earned	Date Awarded	Name of Awarding Agency/College

EMPLOYMENT INFORMATION

Have you obtained employment since you left training? Yes No If yes, please complete the following:

Employer Name: _____

Employer Address: _____

Employer City/State/Zip: _____ Telephone: _____

Job Title: _____ Hourly Wage: _____

Hours Worked Per Week: _____ Start Date: _____

Are you receiving Fringe Benefits? Yes No

Job Covered by Unemployment Compensation? Yes No

Employer Contact Name: _____

End/Term Date (if applicable): _____ Reason for Leaving (if applicable): _____

Signature or Typed Name: _____ Date Completed: _____