

Employment

Have you ever worked? Yes No (If NO proceed to Education)
Are you currently employed? Yes No
Current or most recent rate of pay _____
Did you receive severance pay from your last employer? Yes No
Are you currently receiving retirement pay? Yes No
Are you or have you received Unemployment Compensation (UI)? Yes No

List current and previous employers, going back 10 years, beginning with your current or most recent job.

Most Recent Employer: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours Per Week: _____ Shift: _____ Paid/ Volunteer/ Internship

Main Duties: _____

Equipment/s Used: _____

Start Date (mm/dd/yyyy): _____ End Date(mm/dd/yyyy): _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours Per Week: _____ Shift: _____ Paid/ Volunteer/ Internship

Main Duties: _____

Equipment/s Used: _____

Start Date (mm/dd/yyyy): _____ End Date(mm/dd/yyyy): _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours Per Week: _____ Shift: _____ Paid/ Volunteer/ Internship

Main Duties: _____

Equipment/s Used: _____

Start Date (mm/dd/yyyy): _____ End Date(mm/dd/yyyy): _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Termination/Layoff

Have you received a termination/layoff notice from your last job or job of dislocation? Yes No (If NO proceed to Education)

Actual Layoff Date: _____

Projected Layoff Date: _____

What is the reason for the layoff? _____

Who is the dislocation employer? _____

Dislocation Employer Address: _____

Dislocation Hourly Rate: \$ _____

Did you attend a meeting at your employer to discuss Unemployment Insurance and Workforce training? Yes No

Education

Highest Credential Earned HSD/GED Certificate Associates Bachelors Masters PhD/Doctorate None

Are you currently in school? Yes No

If yes, Name of School, Program, Anticipated Completion Date: _____

Highest Grade Completed 8th 9th 10th 11th 12th

List the name of schools you have attended, including high school. List any degrees/certificates and areas of study.

<u>School</u>	<u>Course of Study</u>	<u>Did you graduate?</u>	<u>Year</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

List any current professional licenses(s) you hold: _____

Veteran Information

Did you serve in the active duty military, naval, or air service? Yes No (If NO proceed to Public Assistance)

If yes, please complete the following:

Branch: _____ Date Entered: _____ Date Released: _____ Type of Discharge _____

Did you serve more than one tour of duty? Yes No

Are you a disabled veteran? Yes No

Are you a campaign veteran? Yes No

Are you recently separated? (within last 48 months) Yes No

Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW?

Yes No

Please submit a copy of your DD 214 form. Go to <http://vetrecs.archives.gov/> to request a copy.

Are you a BRAC-impacted worker?

Yes No (BRAC now considered eligible as Dislocated Worker)

Public Assistance

Within the last 6-months have you received any of the following:

Assistance Type	Yes or No	Comments
Temporary Assistance for Needy Family (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Stamps (SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade Adjustment Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently, or have you been notified, that you will receive Pell Grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Income Information

What is your family size? _____

What is your annualized family income? _____

Individual Barriers

Are you a displaced homemaker? Yes No

Are you a single parent? Yes No

Have you ever been convicted of a misdemeanor or felony? Misdemeanor: Yes No Felony: Yes No

Do you read and understand English? Yes No

What is your primary language? (if other than English): _____

Do you need an interpreter? Yes No

Computer Skills

How would you rate your computer skills? Basic Good Excellent

Skill Level/Training None Basic Intermediate Advanced Formal Training

Microsoft Office

Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal/Work E-mail			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Computer Skills/Experience/Training: _____

Training Goals

1. Do you have a training goal? Yes No
a. Describe your training goal? Be specific _____
b. Reason you selected this training goal? _____
2. If you do not have a training goal, do you need assistance in selecting a training goal? Yes No
3. Have you selected a school? Yes No
What school/program _____
4. Have you previously enrolled in training funded through WIA/WIOA? Yes No
If you answered no, go to question #6.
a. Name of school attended: _____ Dates attended: _____
b. Name of training program or course of study: _____
c. Did you complete the training? If yes, skip to question #5 Yes No
d. Why did you not complete training? _____
5. Did you find a job after you completed or left training? Yes No
a. If yes, was the job related to the training received? Yes No
b. Name of employer: _____ Position: _____
6. List other funds you are seeking to assist you through training (i.e. PELL, HOPE, scholarships, loans, etc.)

7. Do you have a Georgia Work Ready Certificate? Yes No
If yes, what type? Bronze Gold Silver Platinum

Name:	
WIOA Release of Information Consent /Certification & Acknowledgment	
RELEASE OF INFORMATION FOR ELIGIBILITY	Initial Here
<p>I authorize the release of my information to the Career Advisor as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) Adult & Dislocated Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS) and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.</p>	
RELEASE OF INFORMATION FOR EDUCATIONAL INSTITUTION	Initial Here
<p>I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Career Advisor. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Career Advisor must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.</p>	
RELEASE OF INFORMATION FOR EMPLOYMENT	Initial Here
<p>I authorize the release of my current and past employment information to the Career Advisor. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.</p>	
CERTIFICATION & ACKNOWLEDGEMENT	Initial Here
<p>I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal actions. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.</p>	
<p>Applicants are responsible for insuring that all required documentation is attached to their application. Missing documentation will delay the process of your application.</p>	
<p><i>Please read carefully, initial each release/acknowledgment, sign and date.</i></p>	
Signature	Date:
Signature (Parent or Legal Guardian If Applicant is under age 18)	Date:

Family Member's Work History

List current and previous employment held by family member in the past six months.

Family Member's Name: _____

Company Name and Address: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Company Name and Address: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Company Name and Address: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Company Name and Address: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Company Name and Address: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Company Name and Address: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Company Name and Address: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Customer Contacts

NOTE: The Customer must provide the name and contact information of at least five (5) people who can be contacted in case we cannot locate you at the address and/or telephone number recorded on your Customer Application. Failure to provide five contacts will result in non-enrollment into the WIOA program.

1. Customer Contact: _____ Relationship to You: _____
Street Address: _____ City/ST/ZIP: _____
Telephone #: _____ Cell #: _____
Email Address: _____ Best Time to Contact: _____
Contact Verified: Yes No Date Verified: _____

2. Customer Contact: _____ Relationship to You: _____
Street Address: _____ City/ST/ZIP: _____
Telephone #: _____ Cell #: _____
Email Address: _____ Best Time to Contact: _____
Contact Verified: Yes No Date Verified: _____

3. Customer Contact: _____ Relationship to You: _____
Street Address: _____ City/ST/ZIP: _____
Telephone #: _____ Cell #: _____
Email Address: _____ Best Time to Contact: _____
Contact Verified: Yes No Date Verified: _____

4. Customer Contact: _____ Relationship to You: _____
Street Address: _____ City/ST/ZIP: _____
Telephone #: _____ Cell #: _____
Email Address: _____ Best Time to Contact: _____
Contact Verified: Yes No Date Verified: _____

5. Customer Contact: _____ Relationship to You: _____
Street Address: _____ City/ST/ZIP: _____
Telephone #: _____ Cell #: _____
Email Address: _____ Best Time to Contact: _____
Contact Verified: Yes No Date Verified: _____

Family Composition and Address Verification

I, _____ live with the following family members at the following address.

Address/City/State/ZIP: _____

Name of Family Members	Relationship to the Customer	Age
1.	SELF	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

PLEASE READ BEFORE SIGNING

NOTE: Falsification of data on this form is a crime against Federal and State laws. Falsification of or concealment of information is punishable by a fine or imprisonment or both and will require repayment or any monies paid to or on behalf of the customer while participating in a Middle Georgia Consortium Employment and Training Program.

Customer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If Customer is under 18)

3rd Party Signature: _____ Date: _____

FOR OFFICE USE ONLY:

TOTAL FAMILY MEMBERS: _____ Career Facilitator's Signature: _____ Date: _____