

# WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TRAINING APPLICATION

| Applicant Information   |   |   |          |
|---|---|---|----------|
| Full Name:  | Social Security Number                                  | County:                                     |          |
| Address   | City  | State                                       | Zip Code |
| Mailing Address (if different)  | City  | State                                       | Zip Code |
| Home Phone  | Cell Phone  | Email                                       |          |
| <b>Are you a part of a Social Networking Site</b> (E.g. Facebook, Twitter, MySpace) <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If "Yes" indicate the name of the site and your profile name)<br>Name of Site _____ Profile Name _____   |   |   |          |
| Contact Information   |   |   |          |
| The person whose name is listed below does not live with me but can always contact me.  |   |   |          |
| Name: _____ Relationship: _____   |   |   |          |
| Address: _____ City: _____ St _____ Zip: _____  |   |   |          |
| Home Telephone: (    ) _____ Cell Phone: (    ) _____   |   |   |          |
| Email address: _____  |   |   |          |
| Demographic Information   |   |   |          |
| Date of Birth (mm/dd/yyyy)  | <b>Ethnicity</b>  |   |          |
| AGE:  | <input type="checkbox"/> African American or Black      | <input type="checkbox"/> Hispanic Heritage  |          |
| Gender  | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Pacific Islander   |          |
| <input type="checkbox"/> Male <input type="checkbox"/> Female   | <input type="checkbox"/> Asian American or Asian        | <input type="checkbox"/> Caucasian or White |          |
| <input type="checkbox"/> Other: _____   |   |   |          |
| <b>Citizenship :</b> <input type="checkbox"/> U.S. Citizen or Naturalized <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted<br>List Alien Registration Number & Expiration Date: _____  |   |   |          |
| <b>Are You Registered with Selective Service? (males only born on or after 1/1/1960)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable<br>Selective Service Registration Number _____ Selective Service Registration Date _____  |   |   |          |
| <b>Do you consider yourself to have a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chose not to identify   |   |   |          |
| Driver's License Information  |   |   |          |
| <b>Do You Have a Georgia Driver's License or Georgia I.D.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Has your license ever been or/ is currently Suspended or Revoked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Driver's License Type: <input type="checkbox"/> Regular <input type="checkbox"/> Commercial(CDL) <input type="checkbox"/> CDL Endorsements<br>Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Auto, light truck) |   |   |          |

## 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 (FS)  | <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 |          |
| Refuge Cash 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 |          |

## Veteran Information

Did you serve in the active duty military, naval, or air service?

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)

## Education History

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

Are you currently in school?  Yes  No

If yes, Name of School, Program, Anticipated completion date \_\_\_\_\_

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 | _____       |
| _____         | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____       |

List any current professional license(s) you hold: \_\_\_\_\_

## Employment

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 (Month/Year): \_\_\_\_\_ End Date(Month/Year): \_\_\_\_\_

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 (Month/Year): \_\_\_\_\_ End Date(Month/Year): \_\_\_\_\_

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 (Month/Year): \_\_\_\_\_ End Date(Month/Year): \_\_\_\_\_

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

Explain Reason: \_\_\_\_\_

## Termination/Layoff

Have you received a termination or layoff notice from your last job or job of dislocation?  Yes  No

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

## Individual Barriers

Are you a displaced homemaker?  Yes LWIOA Dislocated Worker  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

## Income Information

What is your family size? \_\_\_\_\_

What is your annualized family income? \_\_\_\_\_

## 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 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

## Computer Skills

How would you rate your computer skills?

Also note any information that should be considered as the foundation for additional training.

| Skill Level/Training | Version                  | None                     | Basic                    | Intermediate             | Advanced                 | Formal Training          |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Microsoft Office     | 2003                     | 2007                     |                          |                          |                          |                          |
| Word                 | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Access               | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Internet             |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal/Work E-mail |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other: \_\_\_\_\_

Social Media Facebook  Twitter  LinkedIn  None

Operating Systems (Windows, XP, Vista) \_\_\_\_\_

Programming Languages: \_\_\_\_\_

Current or previous IT Certifications: \_\_\_\_\_

Other Computer Skills/Experience/Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|       |  |
|-------|--|
| Name: |  |
|-------|--|

**WIOA Release of Information Consent/Certification & Acknowledgment**

|  |                     |  |
|--|---------------------|--|
| <b>RELEASE INFORMATION FOR ELIGIBILITY</b> | <b>Initial Here</b> |  |
|--|---------------------|--|

I authorize the release of my information to the Career Advisor as necessary to determine my eligibility for the Workforce Investment 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.

|  |                     |  |
|--|---------------------|--|
| <b>RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION</b> | <b>Initial Here</b> |  |
|--|---------------------|--|

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.

|   |                     |  |
|---|---------------------|--|
| <b>RELEASE INFORMATION FOR EMPLOYMENT</b> | <b>Initial Here</b> |  |
|---|---------------------|--|

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.

|   |                     |  |
|---|---------------------|--|
| <b>CERTIFICATION &amp; ACKNOWLEDGMENT</b> | <b>Initial Here</b> |  |
|---|---------------------|--|

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date.

I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

**Applicants are responsible for insuring that all required documentation is attached to their application.  
Missing documentation will delay the process of your application.**

*Please read carefully, initial each release/acknowledgment, sign and date.*

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|-------------------|--------------|