



WORKSOURCE EAST CENTRAL GEORGIA – AREA 13

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TRAINING APPLICATION

Applicant Information

<input type="checkbox"/> Did you register on www.worksourcegeaportal.com			
Full Name:	Social Security Number:	County:	
Address:	City:	State:	Zip Code:
Mailing Address: (if different)	City:	State:	Zip Code:
Home Phone:	Cell Phone:	Personal Email:	
Are you a part of a Social Networking Site (E.g. Facebook, Twitter, My-Space) <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" indicate the name of the site and your profile name)			
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)	Ethnicity:		
AGE:	<input type="checkbox"/> African American or Black	<input type="checkbox"/> Hispanic Heritage	
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Pacific Islander	
Gender:	<input type="checkbox"/> Asian American or Asian	<input type="checkbox"/> Caucasian or White	
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to identify	<input type="checkbox"/> Other: _____	

Citizenship : U.S. Citizen or Naturalized U.S. Permanent Resident Alien/Refugee Lawfully Admitted

List Alien Registration Number & Expiration Date: _____

Are You Registered with Selective Service? (males only born on or after 1/1/1960) Yes No Not Applicable

Selective Service Registration Number _____ Selective Service Registration Date _____

Driver's License Information

Do You Have a Driver's License or State Issued I.D.? Yes No

Has your license ever been or/ is currently Suspended or Revoked? Yes No

Do you have a CDL License? Yes No If so, what type: Commercial(CDL) CDL Endorsements

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 (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade Adjustment Assistance (TRA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Refuge Cash Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ticket to Work Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
General/Medical 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	

Disability Information

Do you consider yourself to have a disability? Yes No Chose not to identify

Do you need accommodations? Yes No

Veteran Information

Did you serve in the active duty military, naval, or air service? Yes No

If yes, please submit a copy of your DD 214 form. Go to <http://vetrecs.archives.gov/> to request a copy. Please complete the following:

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

	Yes	No
Did you serve more than one tour of duty?		
Are you a disabled veteran?		
Are you a campaign veteran?		
Are you recently separated? (within last 48 months)		
Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW?		
Are you a BRAC-impacted worker? (BRAC now considered eligible as Dislocated Worker)		

Type of Transitioning Service Member: within 12 months of discharge within 12 months of retirement
 not applicable

Education History

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

If you dropped out of high school or obtained GED, what was the highest grade completed? _____

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: _____

Transcript Note: We must have **unofficial** transcripts from all colleges/technical schools attended. **PLEASE MAKE SURE THE INTAKE STAFF IS INFORMED OF PREVIOUS NAMES (EX: MAIDEN NAME, DIVORCED NAME, ETC.)**

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 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.)**

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	<input type="checkbox"/> 2010 <input type="checkbox"/> 2013 <input type="checkbox"/> Office 365					
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) _____

Programming Languages: _____

Current or previous IT Certifications: _____

Other Computer Skills/Experience/Training: _____

Name:	SS# (last 4 digits) _ _ _ _
-------	-----------------------------

WIOA Release of Information Consent /Certification & Acknowledgment

RELEASE INFORMATION FOR ELIGIBILITY	Initial Here
--	--------------

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

RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION	Initial Here
--	--------------

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.

RELEASE INFORMATION FOR EMPLOYMENT	Initial Here
---	--------------

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.

CERTIFICATION & ACKNOWLEDGMENT	Initial Here
---	--------------

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 ensuring that all required documentation are presented at time of intake.
 Missing documentation will delay the process of your application.

Please read carefully, initial each release/acknowledgment, sign and date when you print your completed application.

Signature	Date:
-----------	-------