

LOWER CHATTAHOOCHEE AREA 14 WORKFORCE INVESTMENT (WIA) 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	

Are you a part of a Social Networking Site (e.g. Facebook, Twitter, MySpace) Yes 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: _____ State _____ Zip Code _____

Home Telephone () _____ Cell Phone () _____

Email address: _____

DEMOGRAPHIC INFORMATION

Date of Birth (mm/dd/yyyy): _____ Age: _____		<input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American or Asian <input type="checkbox"/> Other: _____		<input type="checkbox"/> Hispanic Heritage <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian or White	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female					

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 born on or after 0/01/1960) Yes No Not applicable

Selective Service Registration Number _____ Selective Service Registration Date: _____

Do you consider yourself to have a disability? Yes No Chose Not to Identify

DRIVER'S LICENSE INFORMATION

Do you have a Georgia Driver's License or Georgia State I.D.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your license ever been Suspended or Revoked?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your license currently Suspended or Revoked?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's License Type:	<input type="checkbox"/> Regular	<input type="checkbox"/> Commercial (CDL)	<input type="checkbox"/> CDL Endorsements
Class:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C (Auto, light truck)

PUBLIC ASSISTANCE

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	
Refugee 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	
Are you currently or have you been notified that you will receive HOPE funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	

VETERAN INFORMATION

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

If yes, please complete the following:

Branch: _____
Date Released: _____

Date Entered: _____
Type 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/> request a copy.

Are you a BRAC-impacted worker? Yes No (BRAC now considered eligible as Dislocated Worker)

EDUCATION HISTORY

Highest Grade Completed: _____

Are you currently in school? Yes No

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

Highest Credential Earned: HSD/GED CERTIFICATE ASSOCIATES BACHELORS MASTERS
 PhD NONE

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

School	Course of Study	Did you graduate?	Year
_____	_____	_____	_____
_____	_____	_____	_____

List any current professional license(s) you hold:

EMPLOYMENT HISTORY

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 (circle one)

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 for Leaving: _____

Previous Employer: _____ Type of Business: _____

Address: _____ Phone: () _____

Job Title: _____ Hourly Wage: \$ _____

Hours Per Week: _____ Shift: _____ Paid/Volunteer/Internship (circle one)

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 for Leaving: _____

TERMINATION/LAYOFF

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

Actual 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 or orientation with 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? (if applicable) Yes No

What school/program _____

4. Have you previously enrolled in training funded through WIA? 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? _____

TRAINING GOALS – CONT'D

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

Skill Level/Training	Version		None	Basic	Intermediate	Advanced	Formal training
	2003	2007					
Microsoft Office							
Word	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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 Certification: _____

Other Computer Skills/Experience/Training: _____

Please read carefully, Initial each release acknowledgement, sign and date

Name:	WIA Representative Name:
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WIA RELEASE OF INFORMATION CONSENT/CERTIFICATION & ACKNOWLEDGEMENT

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 Investment Act (WIA) Youth, Adult and 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 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 date, hourly wages and hours worked per week.

CERTIFICATION & ACKNOWLEDGEMENT **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 WIA program activities and may be considered justification for dismissal if discovered at a later date.

I understand that any Personally Identifiable Information (PII) or non-PII information obtained will be used in STRICT CONFIDENCE and may be shared between the agencies/organizations listed below and used to provide appropriate services to me as required for grant purposes only (e.g. screening, assessing, planning and facilitating appropriate delivery of services, etc).

Applicants are responsible for ensuring that all required documentation is provided. Missing documentation will delay the processing of your application

Sign & Date Below: I acknowledge receiving a copy of this release authorization form for my records.

Client Signature _____	Date _____
Parent/Guardian: _____	Date _____
WIA Representative Signature _____	Date _____

Note: In the event the client is under 18 years of age, the customer's parent or legal guardian must sign this release. Verification of the parent or legal guardian status must be obtained prior to signing.