



LOWER CHATTAHOOCHEE WORKFORCE DEVELOPMENT AREA 14 TRAINING APPLICATION

APPLICATION INFORMATION					DATE:
Full Name		Social Security Number: (Last 4 digits) <input type="checkbox"/> verified		County:	
Address <input type="checkbox"/> verified		City	State	Zip Code	
Mailing Address (if different)		City	State	Zip Code	
Primary Phone	Type	Alternate Phone	Type	Email	
Are you a part of a Social Networking Site (e.g. Facebook, Twitter) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Site _____			Profile Name _____		
CONTACT INFORMATION					
The person whom name is listed below must NOT have the same phone number but can always be contacted.					
Name: _____		Relationship _____			
Address: _____		City: _____	State _____	Zip Code _____	
Telephone _____		(Type) _____	Phone _____	(Type) _____	
DEMOGRAPHIC INFORMATION					
Date of Birth (mm/dd/yyyy): _____ <input type="checkbox"/> verified		Age: _____			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		RACE: (Multiple checks allowed) <input type="checkbox"/> African American or Black <input type="checkbox"/> Hawaiian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian American or Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Do not wish to answer			
Do you consider being of Hispanic Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Citizenship: <input type="checkbox"/> U.S. Citizen or U.S. Territory <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted <input type="checkbox"/> None of the above					
List Alien Registration Number: _____		List Alien Expiration Date: _____		<input type="checkbox"/> verified	
Are you registered with Selective Service? (Males born on or after 01/01/1960) <input type="checkbox"/> verified					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Documented exemption		<input type="checkbox"/> Not applicable	
Selective Service Registration Number _____		Selective Service Registration Date: _____			
Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose Not to Identify		If yes, what services do you receive? 1. State Development Disabilities (SSDA) <input type="checkbox"/> 2. State or Local Mental Health Agency (LSMHA) <input type="checkbox"/> 3. Home & Community Based Service Provider under a State Medicaid Waiver: (HCBS) <input type="checkbox"/>		Type: <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Both <input type="checkbox"/> Other _____	
Disability Work Setting:	___ competitive integrated employment ___ combination of two or more settings	___ individual supported employment ___ sheltered workshop	___ group supported employment ___ not employed		
Type of Customized Employment Services Received:	___ discovery assessment services ___ secured employment from receiving customized employment Services and received extended support services ___ employer negotiation services	___ developed a customized employment search plan ___ sheltered workshop	___ no CES services		
Received Disability Financial Capability:	___ benefit planning ___ benefit planning services and financial capability/asset development services	___ financial capability/asset development services ___ no			
Section 504 Plan:	___ Yes ___ No	Received Services from Vocational Rehabilitation:	___ Yes ___ No		

Individuals Name: _____

SSN: (Last 4 digits) _____

VETERAN DATA		
Transitioning Service Member		
Transitioning Service Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Transitioning Service Member <input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 months of retirement <input type="checkbox"/> Within 12 months of discharge	Estimated Discharge Date
VETERAN INFORMATION SERVICE		
Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' continue to next section.	Did you serve more than one tour of duty? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin Date 1: _____ Discharge Date 1: _____ Begin Date 2: _____ Discharge Date 2: _____	
Eligible Veteran Status <input type="checkbox"/> verified <input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No	Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an eligible disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, Special Disabled (=>30%) <input type="checkbox"/> No	Attended a Transition Assistance Program (TAP) Workshop within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a campaign veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please submit a copy of your DD 214 form. Go to http://vetrecs.archives.gov/ request a copy.	
Are you recently separated? (Within last 48 months) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a homeless Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you received services from Veterans Vocational Rehab <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT HISTORY		
Are you currently employed? Are you under-employed? Have you received a termination or separation notice? Current or most recent rate of pay: \$ _____ Did you receive severance pay from your last employer? Are you currently receiving retirement pay? Are you eligible or have you received Unemployment Compensation (UI)? Has Claimant been exempted from Work Search: UI Referred by Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, number of weeks _____ <input type="checkbox"/> verified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exhausted <input type="checkbox"/> Claimant <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <input type="checkbox"/> WPRS <input type="checkbox"/> REA <input type="checkbox"/> RESEA <input type="checkbox"/> N/A	
List current and previous employers beginning with your current or most recent job. RECENT EMPLOYER: _____ Type of Business: _____ Phone _____ Address: _____ City _____ State _____ Zip _____ Job Title: _____ O*Net Code _____ Hourly Wage: \$ _____ Hours Per Week: _____ Shift: _____ Other Type Service: <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> _____ Main Duties: _____ _____ Start Date (Month/Year): _____ End Date (Month/Year) _____ Reason for Leaving: <input type="checkbox"/> Laid-off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Other Employment <input type="checkbox"/> Other Explain Reason for Leaving: _____ _____		

Individuals Name: _____ SSN: (Last 4 digits) _____

PREVIOUS EMPLOYER _____ Type of Business: _____ Phone _____
Address: _____ City _____ State _____ Zip Code _____
Job Title: _____
Hourly Wage: \$ _____ Hours Per Week: _____ Shift: _____ Other Type Service: Volunteer Internship _____
Main Duties: _____

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: _____ Phone: _____
Address: _____ City _____ State _____ Zip Code _____
Job Title: _____
Hourly Wage: \$ _____ Hours Per Week: _____ Shift: _____ Other Type Service: Volunteer Internship _____
Main Duties: _____

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: _____ Phone _____
Address: _____ City _____ State _____ Zip Code _____
Job Title: _____
Hourly Wage: \$ _____ Hours Per Week: _____ Shift: _____ Other Type Service: Volunteer Internship _____
Main Duties: _____

Start Date (Month/Year): _____ End Date (Month/Year) _____
Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason for Leaving: _____

IF NEEDED ATTACH AN ADDITIONAL PAGE

Farmworker Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Farmworker <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Farmworker	Type of Qualifying Farmworker: <input type="checkbox"/> Agricultural Production and Services <input type="checkbox"/> Food Processing Establishments
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Individuals Name: _____

SSN: (Last 4 digits) _____

TERMINATION/LAYOFF

Have you received a termination or layoff notice ? Check the appropriate box. (If 'NO' continue to the next section) Yes No verified
If yes, please provide information: Date received : _____ Last Date or Projected Date Worked: _____

Do you receive TRADE? Yes No
Are you unlikely to return to previous industry or occupation? Yes No
Are you the spouse of a member of the Armed Forces who has experienced a loss of employment due to relocation? Yes No
Are you the spouse of a member of the Armed Forces who is unemployed or underemployed and is having difficulty obtaining or upgrading employment? Yes No

Have you attended a Rapid Response group orientation? Yes No Most recent date attended _____ Dislocation Event # _____

EDUCATION

Highest Grade Completed: _____ Last date attended _____ verified

Current School Status:

In-School, H.S. or less In-School, Alternative School In-School, Post H.S.
 Not attending school, H.S. Dropout Not attending school, H.S. Graduate Not Attending school (compulsory)

Are you currently enrolled in Adult Education? Yes No

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

Highest Credential Earned: HSD/GED DISA/IEP TECH CERTIFICATE AA/AS BB/BS MS/PHD NONE

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>
_____	_____	_____	_____
_____	_____	_____	_____

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

PUBLIC ASSISTANCE

Assistance Type	Yes or No	Comments
Based on Individual or Family members <input type="checkbox"/> verified		
Temporary Assistance for Needy Family (TANF)		
Supplemental Nutrition Assistance Program (SNAP)		
Supplemental Security Income (SSI)		
Social Security Disability Insurance (SSDI)		
General or Refugee Assistance		
Based only on the individual <input type="checkbox"/> verified		
Foster Care		
Youth living in high poverty area (State recognized)		
Receives or is eligible for Free or Reduced Lunch		

Are you currently or have you been notified that you will receive PELL Grant funds? Yes No

Individuals Name: _____

SSN: (Last 4 digits) _____

INDIVIDUAL BARRIERS

Youth Only (16-24)

verified

Barriers:	Yes or No	Comment
Runaway		
Aged-out of Foster Care		
Out-of-Home Placement		
Foster Care (Section 477 of the Social Security Act)		
Pregnant or parenting		
Requires Additional Assistance to complete an educational program or to secure/hold employment		

All Applicants

verified

High School Drop Out		
Basic Skills Deficient		
Offender (arrested/convicted of a crime)		
English language learner (verification youth only)		
Homeless		
Disabled		

BARRIERS TO EMPLOYMENT

verified

Barriers	Yes or No	Barriers	Yes or No
Displaced Homemaker (DLW only)		In or aged out of Foster Care	
Low-income		Individual facing substantial cultural barriers	
Indians, Alaska, Hawaiian Natives		Eligible migrant season farmworker WIOA Sec 167(i)	
Individuals with disabilities		Within 2 years of exhausting TANF	
Older individuals (=>55)		Single parents/pregnant	
Ex-offenders		Long-term unemployed	
Homeless		Meets Governors special barriers to employment	
Comment:			

INCOME INFORMATION

verified

What is your family size? _____ What is your annualized family income? Six months _____ Annually _____

Applicants That Qualify as a Family of One

(Example: Foster Care, Disabled, Juvenile System, Homeless, Living with a non-guardian.....)

Applicants Status	Source of Income/Support	Amount of Income (6 months)

INCOME WORKSHEET

IDENTIFY ALL FAMILY MEMBERS IN THE HOUSEHOLD (Do not use for Family of One clients)

Name	Relationship	Age	Source of Support/Income	Amount of Income (6 includable months)

IF NEEDED ATTACH AN ADDITIONAL PAGE

Individuals Name: _____

SSN: (Last 4 digits) _____

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. Are you seeking employment or educational assistance through the WDA program? (Check one) Employment Education Assist

a. Have you selected a school? (if applicable) Yes No

b. What school and program _____

4. Have you ever enrolled in training funded through WDA? Yes No

If "Yes"

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

Skill Level/Training	Version _____	None	Basic	Intermediate	Advanced	Formal training
Microsoft Office						
Word	<input type="checkbox"/>					
Excel	<input type="checkbox"/>					
Access	<input type="checkbox"/>					
PowerPoint	<input type="checkbox"/>					
Internet	<input type="checkbox"/>					
Personal/Work E-Mail	<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: _____

DRIVER'S LICENSE INFORMATION

Do you have a Georgia Driver's License or Georgia State I.D.? Yes No

Has your license ever been Suspended or Revoked? Yes No

Is your license currently Suspended or Revoked? Yes No

Driver's License Type: Regular Commercial (CDL) CDL Endorsements

Class: A B C (Auto, light truck)

Individuals Name: _____ SSN: (Last 4 digits) _____

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

Name: _____	LCWDA Representative Name: _____
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RELEASE OF INFORMATION CONSENT/CERTIFICATION & ACKNOWLEDGEMENT

RELEASE INFORMATION FOR ELIGIBILITY	Initial Here
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I authorize the release of my information to the Career Advisor as necessary to determine my eligibility for the Lower Chattahoochee Workforce Development Area 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
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I authorize the release of my current and past educational records from high schools, colleges, universities, and training schools to the Career Advisor of the Lower Chattahoochee Workforce Development Area. Such records include 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
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I authorize the release of my current and past employment information to the Career Advisor of the Lower Chattahoochee Workforce Development Area. Such records include information related to job title, start/end date, hourly wages, and hours worked per week.

CERTIFICATION & ACKNOWLEDGEMENT	Initial Here
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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 the Lower Chattahoochee Workforce Development Area program activities and may be considered justification for dismissal if discovered later.

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 _____
LCWDA Representative Signature _____	Date _____

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

OFFICE USE ONLY

ELIGIBILITY DATE:	APPLICATION CLOSED NEVER ENROLLED <input type="checkbox"/>
<input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> In-School Youth <input type="checkbox"/> Out-of-School Youth <input type="checkbox"/> Incumbent Worker	