



WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) ADULT AND DISLOCATED WORKER TRAINING APPLICATION

Applicant Information Date: _____

Full Name:		Social Security # (Last 4 Digits): <i>(Provide Documentation)</i>		County:
Address		City	State	Zip Code
Mailing Address (if different)		City	State	Zip Code
Home Phone	Cell Phone	Email		
Are you part of a Social Networking Site (Example: Facebook, LinkedIn, Twitter, Instagram) <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: _____ State _____ Zip: _____

Home Telephone: () _____ Cell Phone: () _____

Email address: _____

Demographic Information

Race/Ethnicity (check all that apply): <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian or Pacific Island <input type="checkbox"/> Other _____ <input type="checkbox"/> Hispanic Heritage <input type="checkbox"/> Prefer Not to Answer	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ____/____/____ Age: _____ U.S. Citizen or Naturalized: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Authorized to Work in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Alien Registration # and Expiration Date: # _____ Date: ____/____/____
Disability Status (If Yes, Provide Documentation): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Answer	Selective Service Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>(If Yes, Provide Documentation)</i>

Driver's License Information

Do you have a State Driver's License or I.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Provide Documentation)</i>	Driver's License	Class:
Has your license ever been or/is currently Suspended or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: <input type="checkbox"/> Regular <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> CDL Endorsements _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____

Public Assistance (If Yes, Provide Verified Documentation)

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	
Other 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	

Name _____

Most recent employer: _____ Type of Business: _____
 Address: _____ Phone: () _____ Job Title: _____
 Hourly Wage: \$ _____ Hours per week: _____ Shift: _____ Paid/Volunteer/Internship
 Main Duties: _____ Equipment Used: _____
 Start Date: _____ End Date: _____ Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Most recent employer: _____ Type of Business: _____
 Address: _____ Phone: () _____ Job Title: _____
 Hourly Wage: \$ _____ Hours per week: _____ Shift: _____ Paid/Volunteer/Internship
 Main Duties: _____ Equipment Used: _____
 Start Date: _____ End Date: _____ Reason for Leaving: Laid-off Quit Terminated Other Employment Other

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: _____
 Address City State Zip
 County
 Dislocation Hourly Rate: \$ _____
 Did you attend a meeting at your employer to discuss Unemployment Insurance and Workforce training? Yes No

Individual Barriers – FOR OFFICE USE ONLY (If Yes, Provide Documentation)

Are you a Displaced Homemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term unemployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Low-income individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual with disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single parent (including single pregnant women)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a misdemeanor/felon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Older individual? (Age 55 or over)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth who are in or aged out of the foster care system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Learner? (individuals who have low levels of literacy and facing substantial cultural barriers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your primary language (if other than English)?	
Do you need an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
An individual within 2 years of exhausting eligibility under TANF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member of a group identified by the Governor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
An eligible migrant and seasonal farmworker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indian, Alaska Native, or Native Hawaiian?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Information

Name _____

FOR OFFICE USE ONLY

What is your family size? _____

What is your annualized household income? _____ 6 month household income? _____

FAMILY MEMBER	SOURCE OF INCOME	6 MONTH INCOME (TO NEAREST \$)
		\$
		\$
		\$
		\$
(attach additional sheets if needed) TOTAL 6 MONTH INCOME:		\$

Training Goals

1. Do you have a training goal? Yes No
 - a. Describe your training goal. Be specific: _____
 - b. The 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
 - a. Name of school: _____
 - b. Program of study: _____
4. Have you previously enrolled in training funded through WIOA? (previously WIA) Yes No
(if answered NO, go to question #6)
 - a. Name of school attended: _____
 - b. Name of training program or course of study: _____
 - c. Did you complete training? (if YES, skip to #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: _____
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)

Microsoft Office: 2010 2013 Office 365

SKILL/TRAINING	NONE	BASIC	INTERMEDIATE	ADVANCED	FORMAL TRAINING
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"/>	<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"/>

Other: _____

Social Media: Facebook Twitter LinkedIn None

Programming Languages: _____

Current or previous IT certifications: _____

Other computer skills/experience/training: _____

WIOA RELEASE OF INFORMATION CONSENT/CERTIFICATION AND ACKNOWLEDGEMENT

NAME:	DATE:
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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 Workforce Innovation and Opportunity Act (WIOA) 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 (DFACS), and the Department of Labor (DOL). 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, past, and future educational records from high school, colleges, universities and training schools to the Career Advisor. Such records include my current/past/future enrollment, transcripts, attendance records, graduation/completion information and any/all credential(s) 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
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I authorize the release of my past, current, and future employment information to the Career Advisor. Such records include information related to my employer's name, job title, start/end date, hourly wages and hours worked per week.

CERTIFICATION AND 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 WIOA program and activities and may be considered justification for dismissal if discovered at a later date.

- I acknowledge that my Personal Identifying Information (PII) will be used for grant purposes only.
- I acknowledge that I have been informed of all available WIOA training activities in this area.
- I understand that my eligibility for WIOA and/or referral to a WIOA training Contractor **DOES NOT** mean that I have been automatically accepted into that Contractor's training program.
- I acknowledge that in accordance with Section 680.210 of the Federal Register and WIOA Section 134(c)(3)(A), of the ACT, WIOA is not an entitlement program.

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

NEPOTISM/CONFLICT OF INTEREST	INITIAL HERE
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Are you related by blood, marriage, or adoption to anyone on staff of the Service Provider, Service Delivery Area, Sub-State Grantee, Georgia Department of Labor, Field Service Office, or Department of Human Resources? YES NO

Please read the above carefully, initial each release/acknowledgement, sign and date

Applicant's Signature:	Date:
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<p>FOR OFFICE USE ONLY</p> <p>Applicant is eligible for the checked program(s) based on data collected:</p> <p><input type="checkbox"/> DISLOCATED WORKER <input type="checkbox"/> ADULT</p>
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<p>IDENTIFY PRIORITY:</p> <p><input type="checkbox"/> Veteran or Eligible Spouse <input type="checkbox"/> Low-Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Basic Skills Deficient</p>

Interviewer's Signature:	Date:
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Second Reviewer's Signature:	Date:
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BABEL NOTICE

In accordance with 29 CFR 38.9 (g)(3), Limited English Proficient (LEP) individuals through Northwest Georgia Worksource Georgia, will receive language assistance in all communications of vital information.

Vital information is defined as information whether written, oral or electronic, that is necessary for an individual to understand how to obtain any aid, benefit, service, and/or training; necessary for an individual to obtain any aid, benefit, service, and/or training; or required by law.

An interpreter, as well as the availability of free language assistance such as rulebooks; written test that do not assess English language competency, but rather assess competency for a particular license, job, or skill for which English proficiency is not required; and letters or notices that require a response from the beneficiary or applicant, participant, or employee will be provided to all LEP individuals at no cost to the individual. (29 CFR § 38.4(ttt))

TO ACCESS AN INTERPRETER CALL NORTHWEST GEORGIA REGIONAL COMMISSION WIOA DEPARTMENT AT 706.295.6485