



## WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) IN-SCHOOL AND OUT-OF-SCHOOL YOUTH TRAINING APPLICATION

### Applicant Information Date: \_\_\_\_\_

<b>Full Name:</b>		<b>Social Security #: (Last 4 digits)</b> <i>(Provide Documentation)</i>		<b>County:</b>	
<b>Address</b>		<b>City</b>		<b>State</b>	
<b>Mailing Address</b> <i>(if different)</i>		<b>City</b>		<b>State</b>	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Email</b>	
<b>Are you a part of a Social Networking Site</b> (Example: Facebook, Twitter, Instagram, Snapchat) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes" indicate the name of the site and your profile name)</i>					
<b>Name of Site</b> _____			<b>Profile Name</b> _____		

### 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

<b>Date of Birth:</b> <i>(mm/dd/yyyy)</i>	<b>Age:</b>	<b>Race/Ethnicity (check all that apply):</b>			
<i>(Provide Documentation)</i>		<input type="checkbox"/> African American or Black	<input type="checkbox"/> Hispanic Heritage		
		<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Pacific Islander		
		<input type="checkbox"/> Asian American or Asian	<input type="checkbox"/> Caucasian or White		
		<input type="checkbox"/> Other: _____			
<b>Gender:</b>					
<input type="checkbox"/> Male <input type="checkbox"/> Female					
<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					
List Alien Registration Number and Expiration Date: _____					

**Registered with Selective Service? (18 Year Old Males Only)**  Yes  No  Not Applicable  
*(Provide Documentation)*

**Do you consider yourself to have a disability?**  Yes  No  Chose not to identify  
*(If Yes, Provide Documentation)*

### Driver's License Information

**Do You Have a State Driver's License, Provisional Driver's License, Permit or I.D.?**  Yes  No  
*(Provide Documentation)*

### Public Assistance (If Yes, Provide Documentation)

**Within the last 6-months have you received any of the following:**

Assistance Type	Yes, No or N/A	Comments
Temporary Assistance for Needy Family (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Food Stamps (FS/SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trade Adjustment Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Refugee Cash Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Are you currently, or have you been notified, that you will receive Pell Grant funds?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Education History**

**Name:** \_\_\_\_\_

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

**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: \_\_\_\_\_

**Employment**

Are you currently employed?    YES    NO

Current or most recent rate of pay?   \$ \_\_\_\_\_

List current and previous employers, 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

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving:  Laid-off    Quit    Terminated    Other Employment    Other

**In-School (Ages 14-21) and Out-of-School (Ages 16-24) Youth Barriers – FOR OFFICE USE ONLY  
(If Yes, Provide Documentation)**

**Are you:**

Basic Skills Deficient? <i>(In-School and Out-of-School)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Learner? <i>(Have Low Levels of Literacy and Facing Substantial Cultural Barriers) (In-School)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
An individual subject to juvenile or Adult justice system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless or aged out of foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A Runaway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant or a Parenting Youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth with a Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A School Dropout? <i>(Not Attending School) (Out-of-School)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within age Compulsory School Attendance, but has not attended school for at least the most recent quarter or semester? <i>(Out-of-School)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
A recipient of a secondary school diploma, or its equivalent, and who are low-income and basic skills deficient or an English Language Learner? <i>(Out-of-School)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
A low-income individual who requires additional assistance to enter or complete an education program or to secure or hold employment? <i>(Out-of-School - Recipient of High School Diploma or Equivalent)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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What is your family size? (include only those living with you) \_\_\_\_\_

What is your family's annualized income? \_\_\_\_\_ 6 months income? \_\_\_\_\_

List below the income for the last six months of all those living in the household:

NAME OF FAMILY MEMBER	SOURCE OF INCOME	6 MONTHS TOTAL (To nearest \$)
		\$
		\$
		\$
		\$

- Lives in a high poverty area:  Yes  No      • Currently receives free or reduced lunch?  Yes  No

**WIOA RELEASE OF INFORMATION CONSENT/CERTIFICATION AND 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 Innovation and Opportunity Act (WIOA) Youth program 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 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**

I authorize the release of my current, past and future educational records from high schools, colleges, universities and training schools to the Career Advisor. Such records include my current/past/future enrollment, transcripts, attendance records, graduation/completion information and ant/all credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is 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 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**

- 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 services 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.
- I acknowledge that I have been informed of all available WIOA activities/services 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 the 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.
- I acknowledge that I will stay in contact with the Career Advisor for one year after I complete and exit the program for follow-up purposes.

**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**

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 each of the above release(s)/acknowledgement(s) carefully and initial.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature (if under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

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Applicant is eligible for the checked program(s) based on data collected:

- In-School Youth    Out-of-School Youth   Staff Approval Needed:    5% Exception    5% Limitation

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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**