**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)**

**ADULT AND DISLOCATED WORKER TRAINING APPLICATION – OJT ONLY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** | | | | | | | | | | | | **Social Security # *(Last 4 Digits)*:**  ***(Provide Documentation)*** | | | | | | | | | | | **County:** | | | | |
| **Address** | | | | | | | | | | | | **City** | | | | | | | | | | **State** | | | **Zip Code** | | |
| **Mailing Address**  (if different) | | | | | | | | | | | | **City** | | | | | | | | | | **State** | | | **Zip Code** | | |
| **Home Phone** | | | | | | | | | **Cell Phone** | | | | | | | | **Email** | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The person listed below does not live with me but can always contact me.  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Demographic Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Race/Ethnicity (check all that apply):**  African American/Black  American Indian or Alaskan Native  Asian  Hispanic Heritage  Caucasian/White  Prefer Not to Answer  Hawaiian or Pacific Islander  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | **Gender:**  Male  Female Date of Birth: | | | | | | | | | | | | | | | | |
| U.S. Citizen or Naturalized:  Yes  No  If no, Authorized to Work in U.S.?  Yes  No  If yes, list Alien Registration # and Expiration Date: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **Disability Status (If Yes, Provide Documentation):**  Yes  No  Prefer Not to Answer | | | | | | | | | | | **Selective Service Compliance:**  Yes  No  N/A  *(****If Yes, Provide Documentation****)* | | | | | | | | | | | | | | | | |
| **Driver’s License/State ID Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a State Driver’s License?**  Yes  No  ***(Provide Documentation)*** | | | | | | | | | **Driver’s License Type: Class:**  Regular  A  Other  Commercial (CDL)  B  CDL Endorsements  C | | | | | | | | | | | | | **Do you have a State I.D.?**  Yes  No  ***(Provide Documentation)*** | | | | | |
| **Has your license ever been or/is currently Suspended or Revoked?**  Yes  No | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Public Assistance (If Yes, Provide Verified Documentation)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Individual or member of a family that is receiving, or in the past 6 months has received, the following: Comments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temporary Assistance for Needy Family (TANF)** | | | | | | | | | | | | | | | | Yes  No | | | | |  | | | | | | |
| **Food Stamps (SNAP)** | | | | | | | | | | | | | | | | Yes  No | | | | |  | | | | | | |
| **Supplemental Security Income** | | | | | | | | | | | | | | | | Yes  No | | | | |  | | | | | | |
| **Other Assistance** | | | | | | | | | | | | | | | | Yes  No | | | | |  | | | | | | |
| **Education History** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Highest Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Highest Credential Earned:  HSD/GED Certificate Associates Bachelors Masters PhD None  List degrees/certificates area(s) of study:  Currently in school  Yes  No If yes, Name of School, Program, Anticipated completion date \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_  List any current professional license(s) you hold: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Veterans and Qualified Spouses Information Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Veteran Status:**  Not a Veteran  Veteran  Qualified Spouse of a Veteran (see Eligibility Manual for information)  Transitioning Service Member | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Information in this section applies to Veterans only (Provide Documentation of DD-214 form - https://vetrecs.archives.gov/)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Branch of Service:**  Air Force  Army  Coast Guard  Navy  U.S. Marines | | | | | | | | | | | | **Dates of Service:**  From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Nature of Military Discharge:**  Honorable  Dishonorable  Less than Honorable  Service Connected Disability | | | | | | | | | | | | | | | |
| **Service Connected Disability:**  No  Disabled Vet  Special Disabled Vet | | | | | | | | | | | | **Armed Forces Campaign or Expeditionary Medal:**  Yes  No | | | | | | | | | | | | | | | |
| **Served More than One Tour of Duty:**  Yes  No | | | | | | | | | | | | **Recently Separated:** (within 48 months) Yes  No | | | | | | | | | | | | | | | |
| **A BRAC-impacted Worker:**  Yes  No (BRAC may be considered eligible as Dislocated Worker) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Currently employed | | | | | Yes  No | | | | | | |  | | | | | | | | |  | | | | | | |
| Currently receiving or have received Unemployment Compensation (UI) in the last year | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Received severance pay from last employer  Yes  No Amount $ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment History** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **List current and previous employers of last 3 jobs, beginning with current or most recent job.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Most recent employer:** | | | | | |  | | | | | | Job Title: | | |  | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | Type of Business: | | | |  | | | | | Phone: | | |  | | | |
| Hourly Wage: | | | | $ | | | | | Hours per week: | | | |  | | | Shift: | | | |  | | | | | | | |
| Main Duties: | | |  | | | | | | | | | Equipment Used: | | | |  | | | | | | | | | | | |
| **Start Date:** | |  | | | | | **End Date:** | | | Reason for Leaving: □ Laid-off □ Quit □ Terminated □ Other Employment □ Plant Closure □ Other | | | | | | | | | | | | | | | | | |
| **Previous employer:** | | | | | |  | | | | | | Job Title: | | |  | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | Type of Business: | | | |  | | | | | Phone: | | |  | | | |
| Hourly Wage: | | | | $ | | | | | Hours per week: | | | |  | | | Shift: | | | |  | | | | | | | |
| Main Duties: | | |  | | | | | | | | | Equipment Used: | | | |  | | | | | | | | | | | |
| **Start Date:** | |  | | | | | **End Date:** | | | Reason for Leaving: □ Laid-off □ Quit □ Terminated □ Other Employment □ Plant Closure □ Other | | | | | | | | | | | | | | | | | |
| **Previous employer:** | | | | | |  | | | | | | Job Title: | | |  | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | Type of Business: | | | |  | | | | | Phone: | | |  | | | |
| Hourly Wage: | | | | $ | | | | | Hours per week: | | | |  | | | Shift: | | | |  | | | | | | | |
| Main Duties: | | |  | | | | | | | | | Equipment Used: | | | |  | | | | | | | | | | | |
| **Start Date:** | |  | | | | | **End Date:** | | | Reason for Leaving: □ Laid-off □ Quit □ Terminated □ Other Employment □ Plant Closure □ Other | | | | | | | | | | | | | | | | | |
| **Income Information – For Office Use Only (Provide Documentation – Adult Only)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FAMILY MEMBER**  Attach additional sheet(s) as necessary | | | | | | | | **SOURCE OF INCOME** | | | | | | | | | | | **6 MONTH INCOME (TO NEAREST $)** | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | $ | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | $ | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | $ | | | | | | | | |
| **Total Family Income (6 months from application date): $** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | Annualized household income:$ | | | | | | | | | | | | | |
| **WIOA RELEASE OF INFORMATION CONSENT/CERTIFICATION AND ACKNOWLEDGEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME:** | | | | | | | | | | | | | | | | | | **DATE:** | | | | | | | | | |
| **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) 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 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHOTOGRAPH RELEASE INITIAL HERE** | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| I hereby authorize the Workforce Innovation and Opportunity program in Northwest Georgia including the WIOA staff of The Northwest Georgia Regional Commission and its contracted WIOA program service providers such as the Georgia Department of Labor OJT program, to use my photograph or video image in conjunction with my name (or fictitious name) for sale of or reproduction in any medium for the purpose of advertising, display, audiovisual exhibition or editorial use.  I authorize that my picture can be taken (circle): **YES NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 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** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Are you related by blood, marriage, or adoption to anyone on staff of the Service Provider, TCSG, Local Workforce Development Area, Sub-State Grantee, Georgia Department of Labor, or Field Service Office? □ YES □ NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Please read the above carefully, initial each release/acknowledgement, sign and date*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s Signature:** | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | |
| **FOR OFFICE USE ONLY**  Applicant is eligible for the checked program(s) based on data collected:  DISLOCATED WORKER  ADULT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IDENTIFY PRIORITY:**  Veteran or Eligible Spouse  Low-Income  Public Assistance  Basic Skills Deficient | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 access 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**