



WIOA Incumbent Worker Trainee Information Form

All information given on this form is considered confidential and for use by authorized Georgia Department of Labor employees.

Name:		Street Address:																			
Date of Birth:		City/State/Zip:																			
SSN:		Phone #:																			
Job Title:		Hourly Wage:	Hire Date:																		
<p>Highest Educational Level (circle): GED High School Diploma Post-Secondary Certificate Associate's Degree Bachelor's Degree Master's Degree or above</p> <p>Highest grade completed if no High School Diploma/GED: 8 9 10 11 Highest post-secondary level completed if no advanced degree: 13 14 15</p> <p>Are you currently in school? Yes No If yes, list below name of school, program and date to expected to complete:</p>																					
<p>Gender (circle): Male Female</p>																					
<p>Race/Ethnicity (circle all that apply):</p> <p>American Indian or Alaska Native Asian Prefer not to answer Black Hawaiian or Pacific Islander White Hispanic Heritage</p>																					
<p>Disabled? (circle): Yes No Prefer not to answer</p>																					
<p>Veteran Status (circle below all that apply): Did you serve in the active duty military, naval, or air service? Yes No</p> <p>If yes, please complete all the following: Service from: ___/___/___ to: ___/___/___</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">Branch (circle):</td> <td>Did you serve more than one tour of duty?</td> <td style="text-align: right;">Yes No</td> </tr> <tr> <td>Air Force</td> <td>Are you a disabled veteran?</td> <td style="text-align: right;">Yes No</td> </tr> <tr> <td>Army</td> <td>Are you a campaign veteran?</td> <td style="text-align: right;">Yes No</td> </tr> <tr> <td>Coast Guard</td> <td>Were you separated within last 48 months?</td> <td style="text-align: right;">Yes No</td> </tr> <tr> <td>Marines</td> <td>Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW?</td> <td style="text-align: right;">Yes No</td> </tr> <tr> <td>Navy</td> <td></td> <td></td> </tr> </table>				Branch (circle):	Did you serve more than one tour of duty?	Yes No	Air Force	Are you a disabled veteran?	Yes No	Army	Are you a campaign veteran?	Yes No	Coast Guard	Were you separated within last 48 months?	Yes No	Marines	Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW?	Yes No	Navy		
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<p>I hereby affirm that the information provided above is true and complete to the best of my knowledge.</p>																					
Signature:		Date:																			
<p>For GDOL Staff Use Only (Circle as appropriate)</p>																					
Copy of Driver's License: Yes No		Citizenship verified (or right to work): Yes No																			
Person with Disability: Yes No		Selective Service Compliance: Yes No N/A																			