



WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) TRAINING APPLICATION

OFFICIAL USE ONLY:			
Program of Interest:			
<input type="checkbox"/> YOUTH	<input type="checkbox"/> ADULT	<input type="checkbox"/> DW	<input type="checkbox"/> COVID 19-DW
<input type="checkbox"/> VET2	<input type="checkbox"/> ITA	<input type="checkbox"/> OJT	<input type="checkbox"/> IWT
<input type="checkbox"/> APPRENTICESHIP		<input type="checkbox"/> RE-ENTRY	
<input type="checkbox"/> SPECIALIZED TRAINING: _____			
WorkSource Georgia Portal Registration Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO Username: _____			
Youth Provider: <input type="checkbox"/> APC <input type="checkbox"/> CSRARC <input type="checkbox"/> IN-THE-DOOR <input type="checkbox"/> JCPEC			

Applicant Information			
Full Name:		Social Security Number	
County:			
Address		City	State
Zip Code			
Mailing Address (if different)		City	State
Zip Code			
Home Phone	Cell Phone	Email	
Are you a part of a Social Networking Site (E.g. Facebook, Twitter, MySpace) <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. (Alternate Contact) Name: _____ Relationship: _____ Address: _____ City: _____ St _____ Zip: _____ Home Telephone: () _____ Cell Phone: () _____ Email Address: _____

Demographic Information	
Date of Birth (mm/dd/yyyy) AGE: Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American or Asian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hispanic Heritage <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian or White
Citizenship: <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 & Expiration Date: _____	
Are You Registered with Selective Service? (males only born on or after 1/1/1960) <input type="checkbox"/> Yes <input type="checkbox"/> No <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"/> Chose not to identify	

Driver's License Information

Do You Have a Georgia Driver's License or Georgia I.D.? ☐ Yes ☐ No
Has your license ever been or/ is currently Suspended or Revoked? ☐ Yes ☐ No
Driver's License Type: ☐ Regular ☐ Commercial (CDL) ☐ CDL Endorsements
Class: ☐ A ☐ B ☐ C (Auto, light truck)

Public Assistance

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	
SNAP (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you included in TANF or FS Grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade Adjustment Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Refuge 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	

Veteran Information

Did you serve in the active duty military, naval, or air service?

If yes, please complete the following:

Branch: _____ Date Entered: _____ Date Released: _____ Type of Discharge _____

Did you serve more than one tour of duty? ☐ Yes ☐ No

Are you a disabled veteran? ☐ Yes ☐ No

Are you a campaign veteran? ☐ Yes ☐ No

Are you recently separated? (within last 48 months) ☐ Yes ☐ No

Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW?

☐ Yes ☐ No

Please submit a copy of your DD 214 form. Go to <http://vetrecs.archives.gov/> to request a copy.

Are you a BRAC-impacted worker?

☐ Yes ☐ No (BRAC now considered eligible as Dislocated Worker)

Education History

What is the Highest School Grade Completed? ☐ Elementary ☐ Middle ☐ High Grade: _____

High School Diploma or Equivalent Received? ☐ Yes ☐ No

Highest Education Level Completed: ☐ HSD/GED ☐ Certificate ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctorate

School Status:

☐ In-School, secondary or less (HS/GED) ☐ In-School, Alternative School ☐ In-School, Post-secondary School

☐ Not attending school or secondary school dropout ☐ Not attending school or secondary school graduate or has a recognized equivalent

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.

School	Course of Study	Did you graduate?	Year
_____	_____	<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 Status

- ☐ Employed ☐ Not Employed ☐ Employed, but received notice of termination of employment or military separation
☐ Receiving UI Benefits ☐ Exhausted Benefits ☐ Not Eligible/Not Determined ☐ Never Worked

Current or most recent rate of pay \$ _____

Did you receive severance pay from your last employer? ☐ Yes ☐ No

Are you currently receiving retirement pay? ☐ Yes ☐ No

Are you currently receiving Unemployment Compensation (UI)? ☐ Yes ☐ No

☐ Employment impacted by **Covid – 19**? ☐ Yes ☐ No Explain, If yes, and attach documentation:

List current and previous employers, going back 10 years, 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

Main Duties: _____

Equipment/s Used: _____

Start Date (Month/Year): _____ End Date (Month/Year): _____

Reason for Leaving: ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours Per Week: _____ Shift: _____ ☐ Paid/ Volunteer/ Internship

Main Duties: _____

Equipment/s Used: _____

Start Date (Month/Year): _____ End Date (Month/Year): _____

Reason for Leaving: ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: _____

Employer: _____ Type of Business: _____
 Address: _____ Phone: (____) _____
 Job Title: _____ Hourly Wage: \$ _____
 Hours Per Week: _____ Shift: _____ ☐ Paid/ Volunteer/ Internship
 Main Duties: _____
 Equipment/s Used: _____
 Start Date (Month/Year): _____ End Date (Month/Year): _____
 Reason for Leaving: ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other
 Explain Reason: _____

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

Individual Barriers

Are you a displaced homemaker? ☐ Yes, LWIOA Dislocated Worker ☐ No
 Are you a single parent? ☐ Yes ☐ No
 Have you ever been convicted of a misdemeanor or felony? Misdemeanor: ☐ Yes ☐ No Felony: ☐ Yes ☐ No
 Do you read and understand English? ☐ Yes ☐ No
 What is your primary language? (if other than English): _____
 Do you need an interpreter? ☐ Yes ☐ No

Income Information

What is your family size? _____
 What is your annualized family income? _____
 If zero income, explains means of support _____

Individual Employment Plan/Individual Service Strategy/IEP

1. What is your employment goal? _____
2. Are you seeking immediate employment? ☐ Yes ☐ No
3. Are you seeking full-time or part-time employment? _____
4. What is your training goal? _____
5. Have you selected a school? ☐ Yes ☐ No
 What school/program _____
 Have you applied for Financial Aid? ☐ Yes ☐ No
6. Have you previously enrolled in training funded through WIOA? ☐ Yes ☐ No
7. Name of school attended: _____ Dates attended: _____
8. Name of training program or course of study: _____
9. Did you complete the training? ☐ Yes ☐ No
10. Do you plan to enter the military (WIOA Youth, Ages 14 – 24)? ☐ Yes ☐ No

Computer Skills

How would you rate your computer skills?

Also note any information that should be considered as the foundation for additional training.

Skill Level/Training	Version	None	Basic	Intermediate	Advanced	Formal Training
Microsoft Office	2007	2010				
Word	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Internet			<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"/>
Other: _____						

Social Media Facebook ☐ Twitter ☐ LinkedIn ☐ None ☐

Operating Systems (Windows, XP, Vista) _____

Programming Languages: _____

Current or previous IT Certifications: _____

Other Computer Skills/Experience/Training: _____

Name:			
WIOA Release of Information Consent /Certification & Acknowledgment			
RELEASE INFORMATION FOR ELIGIBILITY			Initial Here
<p>I authorize the release of my information to the Career Development Specialist as necessary to determine my eligibility for the Workforce Innovation & Opportunity Act (WIOA) 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.</p>			
RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION			Initial Here
<p>I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Career Development Specialist. Such records include my 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 Development Specialist 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.</p>			
RELEASE INFORMATION FOR EMPLOYMENT			Initial Here
<p>I authorize the release of my current and past employment information to my Career Development Specialist. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.</p>			
CERTIFICATION & ACKNOWLEDGMENT			Initial Here
<p>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 activities and may be considered justification for dismissal if discovered at a later date.</p> <p>I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.</p>			
<p>Applicants are responsible for insuring that all required documentation is attached to their application. Missing documentation will delay the process of your application.</p>			
<p><i>Please read carefully, initial each release/acknowledgment, sign and date.</i></p>			
Signature		Date:	
Parent/Guardian Signature (under 18)		Date:	

Please note, you have 45 days from the date on this page to turn in all paperwork in without having to update your application materials.

DO NOT DATE UNTIL READY TO SUBMIT