

Babel Notice

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (478) 953-4771** for assistance in the translation and understanding of the information in this document.

Spanish

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (478) 953-4771** para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional

重要須知! 本文件包含**重要資訊**，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電**(478) 953-4771** 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese

LƯU Ý QUAN TRỌNG! Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (478) 953-4771** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog

MAHALAGA! Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (478) 953-4771** upang humingi ng tulong sa pagsasalang-wika at pag-unawa sa impormasyong nasa dokumentong ito.

French

IMPORTANT! Le présent document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. **Appelez au (478) 953-4771** pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole

ENPÒTAN! Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele (478) 953-4771** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese

IMPORTANTE! Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (478) 953-4771** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic

مهم! يحتوي هذا المستند على **معلومات مهمة** حول حقوقك ومسؤولياتك و/أو فوائده. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. **اتصل على الرقم (478) 953-4771** للحصول على مساعدة في ترجمة المعلومات الواردة في هذا المستند وفهماها.

Russian

ВАЖНО! В настоящем документе содержится **важная информация** о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. **Позвоните по телефону (xxx) xxx-xxxx** для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean

중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 **중요한 정보**를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **(478) 953-4771로 전화하여** 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

Applicant Information **Date:**

Full Name:		WorkSource Portal State ID Number:		County:
Address:		City:	State:	Zip Code:
Mailing Address (if different or you have P.O. Box):		City:	State:	Zip Code:
Primary Phone:	Home Cell	Alternate Phone:	Home Cell	Email:

Are you a part of a Social Networking Site (E.g. Facebook, Twitter, Instagram, Snapchat)? Yes No
 (If "Yes" indicate the name of the site(s) and your profile name(s). Please include additional sheet, if necessary.)
 Name of Site(s): _____ Profile Name(s): _____

Emergency Contact Information

The person listed below can always contact me. Please list different telephone numbers from yours, when possible.

Name: _____ Relationship: _____

Address: _____ City: _____ St: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Demographic Information

Date of Birth (mm/dd/yyyy): _____ AGE: _____	Ethnicity: Choose not to answer		
Gender: Male Female	African American or Black	Hispanic Heritage	
	American Indian/Alaskan Native	Pacific Islander	
Marital Status: Single Married Separated Divorced	Asian American or Asian	Caucasian or White	
	Other:		

Are You Registered with Selective Service? (males only born on or after 01/01/1960) Yes No Not Applicable

Selective Service Registration Number: _____ Selective Service Registration Date: _____

Citizenship: U.S. Citizen or Naturalized U.S. Permanent Resident Alien/Refugee Lawfully Admitted

List Alien Registration Number: _____

List Expiration Date: _____

Do you consider yourself to have a disability? Yes No Choose Not to Identify

If Yes, please explain:

Driver's License Information

Do you have a Valid Driver's License	Yes	No	
Do you have a Government Issued Picture I.D.?	Yes	No	
Has your license ever been or is currently Suspended or Revoked?	Yes	No	If yes, Date: _____
Driver's License Type:	Class C Regular	Class D Provisional	Learner's Permit
	Class A CDL	Class C CDL	CDL Learner's Permit/AP

Employment

Have you ever worked?	Yes	No
Are you currently employed?	Yes	No
Are you a Migrant/Seasonal Farm Worker?	Yes	No
Did you receive severance pay from your last employer?	Yes	No
Are you currently receiving retirement pay?	Yes	No
Are you or have you received Unemployment Compensation?	Yes	No

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: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____

Main Duties: _____

Equipment/s Used: _____

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____ Currently Employed

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

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____

Main Duties: _____

Equipment/s Used: _____

Start Date (mm/dd/yyyy): _____ End Date(mm/dd/yyyy): _____

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

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____

Main Duties: _____

Equipment/s Used: _____

Start Date (mm/dd/yyyy): _____ End Date(mm/dd/yyyy): _____

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

Explain Reason: _____

Employment Continued (Please attached additional sheets, if necessary)

Employer: _____ Type of Business: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____

Main Duties: _____

Equipment/s Used: _____

Start Date (mm/dd/yyyy): _____ End Date(mm/dd/yyyy): _____

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

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____

Main Duties: _____

Equipment/s Used: _____

Start Date (mm/dd/yyyy): _____ End Date(mm/dd/yyyy): _____

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

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____

Main Duties: _____

Equipment/s Used: _____

Start Date (mm/dd/yyyy): _____ End Date(mm/dd/yyyy): _____

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

Explain Reason: _____

Layoff/Termination

Have you received a layoff/termination notice from your last job or job of dislocation? Yes No

Actual Layoff Date: _____

Projected Layoff Date: _____

What is the reason for the layoff? _____

Dislocation Employer Name? _____

Dislocation Employer Address: _____

Dislocation Hourly Rate of Pay: _____

Did you attend a meeting at your employer to discuss Unemployment Insurance and Workforce training? Yes No

Education

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

Are you currently in school? Yes No If yes, Name of School, Program, Anticipated Completion Date: _____

Highest Grade Completed: 8th 9th 10th 11th 12th

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>
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____

List any current professional licenses(s) you hold: _____

Veteran Information

Did you serve in the active duty military, naval, or air service? Yes No N/A

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)

Public Assistance

Within the last six (6 months) have you or anyone in your household received any of the following:

<i>Assistance Type</i>			<i>Monthly Amount</i>
Temporary Assistance for Needy Families (TANF)	Yes	No	_____
Food Stamps (SNAP)	Yes	No	_____
Supplemental Security Income	Yes	No	_____
Social Security Disability Insurance	Yes	No	_____
Trade Adjustment Assistance	Yes	No	_____

Income Information

What is your family size? _____

What is your annualized (yearly) family income? _____

Individual Barriers

Are you a displaced homemaker?	Yes	No
Are you a single parent?	Yes	No
Are you a runaway?	Yes	No
Are you homeless?	Yes	No

Have you ever been convicted of a misdemeanor or felony?

Misdemeanor: Yes No Dates: _____

Felony: Yes No Dates: _____

Do you read and understand English? Yes No

What is your primary language? (if other than English): _____

Do you need an interpreter? Yes No

Computer Skills

How would you rate your overall computer skills? None Basic Good Excellent

Please Rate Your Skill Level in the following: None Basic Intermediate Advanced Formal Training

How would you rate your skills in Microsoft Office?

How would you rate your skills in Microsoft Excel?

How would you rate your skills in Microsoft Access?

How would you rate your skills in Microsoft PowerPoint?

How would you rate your skills using the Internet?

Other? _____

Other? _____

Other? _____

Other? _____

Career/Training Goals

1. Do you have a career/training goal? Yes No
- a. Describe your career/training goal. Be specific. _____
- b. Reason you selected this career/training goal? _____
- c. If you do not have a career/training goal, do you need assistance in selecting one? Yes No
2. Have you selected a school? Yes No
- What school/program: _____
- Are you eligible for in-state tuition? Yes No
3. Are you receiving or seeking other funds to assist you through training (i.e. PELL, HOPE, scholarships, GI Bill, VA Assistance, loans, etc.)? Yes No
- If yes, what type? PELL HOPE Scholarships GI Bill VA Assistance Loans Other
- If other, please list: _____
- Do you have a Georgia Work Ready Certificate? Yes No
- If yes, what type? Bronze Gold Silver Platinum
4. Have you previously enrolled in training funded through WIA/WIOA? Yes No
- Name of school attended: _____ Dates attended: _____
- a. Name of training program or course of study: _____
- b. Did you complete the training? Yes No
- c. Did you find a job after you completed or left training? Yes No
- d. If yes, was the job related to the training received? Yes No
- e. If yes, Name of Employer: _____
Job Title: _____
- f. If No, why did you not complete training? _____

Name:

WIOA Release of Information Consent /Certification & Acknowledgment

RELEASE OF INFORMATION FOR ELIGIBILITY

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 & 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 (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.

RELEASE OF INFORMATION FOR EDUCATIONAL INSTITUTION

I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Career Advisor. 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 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 OF INFORMATION FOR EMPLOYMENT

I authorize the release of my current and past employment information to the Career Advisor. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.

CERTIFICATION & ACKNOWLEDGEMENT

I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal actions. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

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

Please read carefully, sign and date.

Signature

Date:

Signature (Parent or Legal Guardian If Applicant is under age 18)

Date:

Family (Household) Member's Work History *NOTE: Social Security Numbers May Be Required to Validate Income*

List current and previous employment held by family member in the past six (6) months.

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family (Household) Member's Work History *NOTE: Social Security Numbers May Be Required to Validate Income***List current and previous employment held by family member in the past six (6) months.**

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Start Date (mm/dd/yy): _____ End Date(mm/dd/yy): _____ Hrs/Wk: _____ Hourly Wage: _____

Customer Contacts

NOTE: The Customer must provide the name and contact information of at least five (5) people (*do not list person listed for Emergency Contact*), who can be contacted in case we cannot locate you at the address and/or telephone number recorded on your Customer Application. All five contacts must live in different households. Do not write in area used by Career Facilitator to Verify the five Contacts. Failure to provide five Contacts will result in non-enrollment into the WIOA Program.

1. Customer Contact: _____ Relationship to You: _____
 Street Address: _____ City/ST/ZIP: _____
 Telephone #: _____ Cell #: _____
 Email Address: _____ Best Time to Contact: _____

Career Facilitator Verified Contact: Yes No Date Verified: _____

2. Customer Contact: _____ Relationship to You: _____
 Street Address: _____ City/ST/ZIP: _____
 Telephone #: _____ Cell #: _____
 Email Address: _____ Best Time to Contact: _____

Career Facilitator Verified Contact: Yes No Date Verified: _____

3. Customer Contact: _____ Relationship to You: _____
 Street Address: _____ City/ST/ZIP: _____
 Telephone #: _____ Cell #: _____
 Email Address: _____ Best Time to Contact: _____

Career Facilitator Verified Contact: Yes No Date Verified: _____

4. Customer Contact: _____ Relationship to You: _____
 Street Address: _____ City/ST/ZIP: _____
 Telephone #: _____ Cell #: _____
 Email Address: _____ Best Time to Contact: _____

Career Facilitator Verified Contact: Yes No Date Verified: _____

5. Customer Contact: _____ Relationship to You: _____
 Street Address: _____ City/ST/ZIP: _____
 Telephone #: _____ Cell #: _____
 Email Address: _____ Best Time to Contact: _____

Career Facilitator Verified Contact: Yes No Date Verified: _____

Family Composition and Address Verification

Note: Please Print this Page, Fill It Out, and Bring to your appointment with a Career Facilitator.

I, _____

Applicant Name

live at _____

Street Address

City

State

Zip

with the following family members.

Name of Family Members	Relationship to Applicant	Social Security Number(s)	Age
1.	SELF		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

PLEASE READ BEFORE SIGNING

NOTE: Falsification of data on this form is a crime against Federal and State laws. Falsification of or concealment of information is punishable by a fine or imprisonment or both and will require repayment or any monies paid to or on behalf of the customer while participating in a Middle Georgia Consortium Employment and Training Program.

Customer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If Customer is under 18)

3rd Party Signature: _____ Date: _____

FOR OFFICE USE ONLY:

TOTAL FAMILY MEMBERS: _____

Career Facilitator's Signature: _____ Date: _____