

**HEART OF GEORGIA ALTAMAHA WORKFORCE DEVELOPMENT AREA
JOB TRAINING UNLIMITED, INC.
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TRAINING PRE-APPLICATION**

OFFICE USE ONLY	USER ID: _____ PROGRAM OF INTEREST: ___ YOUTH ___ ITA ___ OJT ___ ONE STOP ONLY
	RECEIVED DATE: ____/____/____ TIME: _____ WIOA STAFF: _____

Applicant Information

Applicant Full Name: _____		Social Security Number: _____		County: _____
Residential Street Address: _____		City: _____	State: _____	Zip: _____
Mailing Address: (if different from above) _____		City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	Primary Email: _____		
Other Phone: _____	Preferred Contact Method: ___ Text ___ Email ___ Internal Message (GWR)	___ Call Day: ___M ___T ___W ___Th ___F Time: ___AM ___PM		
Do you have a Social Media Account? (Facebook, Instagram, Twitter, etc.) ___ Yes ___ No				
Name of site: _____		Profile Name: _____		

Alternate Contact Information

The person whose name is listed below does NOT live with me but can always contact me.

Contact Name: _____		Relationship: _____		
Address: _____		City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	Primary Email: _____		

Applicant Demographic Information

Date of Birth: ____/____/____	Ethnicity: ___ African American/Black ___ Hispanic Heritage ___ American Indian/Alaskan Native ___ Hawaiian/Pacific Islander ___ Asian American/Asian ___ Caucasian/White Other: _____ ___ I do not wish to answer
Age: _____	
Gender: ___ Male ___ Female	
Citizenship: ___ U.S. Citizen or Naturalized ___ Alien/Refugee Lawfully Admitted ___ U.S. Permanent Resident Alien Registration Number: _____ Expiration Date: ____/____/____	
Are you registered with Selective Service: (Males ONLY, born ON or AFTER 1/1/1960) ___ Yes ___ No ___ Not Applicable	
Are you pregnant/parenting? ___ Yes ___ No	Do you consider yourself to have a disability? ___ Yes ___ No
Are you homeless? ___ Yes ___ No	Do you read and speak English? ___ Yes ___ No
Are you a runaway? ___ Yes ___ No	Primary Language if other than English: _____
Have you ever been convicted of a criminal offense? ___ Yes ___ No	

Applicant Education History

Highest Credential Earned: ___ None ___ HSD/GED ___ Certificate/Credential ___ Bachelor's Degree ___ Associate degree
Highest Grade Completed: ___ 8 th ___ 9 th ___ 10 th ___ 11 th ___ 12 th ___ Some College Other: _____
Are you currently in school? ___ Yes ___ No ___ High School ___ GED/Adult Education ___ College/Technical School*
*If attending College/Technical School: Name of School: _____ Program of Study: _____ Anticipated Graduation (Month/Year): _____

Applicant Employment Status

Employment Status: ___ Full Time ___ Part Time ___ Not Employed ___ Never Worked	Last Date of Employment: ____/____/____
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Applicant Employment History

Type of business worked in: Private Business Local Government State Government Federal Government
 Education (K-12) Non-Profit Higher Education Other: _____

Are you currently looking for work? Yes No **Desired job Title:** _____

Have you worked on a farm or as a migrant/migrant food processor at least 25 days in the past 12 months? Yes No

Have you been laid off OR are you unable to find work due to the COVID-19 Pandemic? * Yes No

*If separated from employment due to COVID-19, complete Termination/Layoff section.

Applicant Termination/Layoff

Are you receiving Unemployment Insurance? Yes Yes, exhausted benefits No, neither claimant nor exhaustee

Within the last 12 months, have you received a notice of termination or layoff from your job? * Yes No

Within the last 12 months, have you received documentation that you are separating from military service? * Yes No

*If terminated, laid off, received notice of termination or layoff, or military separation enter last date of employment: ____/____/____

Public Assistance Information

Have you been supported through the State's Foster Care System? (State or local payments are made for applicant) Yes No

Have you received Refugee Cash Assistance Payments (RCA)? Yes No

Do you OR does anyone in your household currently receive, or in the past 6 months have received any of the following?

Cash Welfare Payments (TANF): Yes, Applicant Yes, Family Member None

Food Stamps (SNAP): Yes, Applicant Yes, Family Member None

General Assistance (GA) (Medicaid, PeachCare, Amerigroup, etc.): Yes, Applicant Yes, Family Member None

Supplemental Security Income (SSI): Yes, Applicant Yes, Family Member None

Supplemental Security Disability Insurance (SSDI): Yes, Applicant Yes, Family Member None

Applicant Family Size

Family Size*: _____ **Household Income: \$** _____ **Specify:** Weekly Monthly Annually

*Include ONLY: Guardians, Parents, Spouse, Siblings, Children or Dependents, that reside WITH the Applicant

Veteran Information

Yes No Are you currently in the military, a Veteran, or the spouse of a Veteran?

Yes No Are you within 24 months of retirement OR 12 months of discharge from the military? Planned retirement/discharge date: ____/____/____

Yes No Have you served on Active Duty in the armed forces and were discharged or released from service under conditions other than dishonorable?

Yes No Are you a member of the armed forces who is wounded, ill, or injured and receiving treatment in a military facility or warrior transition unit?

Yes No Are you a caregiver who is a spouse or family member of a member of the armed forces who is wounded, ill, or injured and receiving treatment in a military facility or warrior transition unit?

Yes No Are you the spouse of a veteran who: died from a service-connected disability; has a total service-connected disability; is Missing in Action, captured in the line of duty by a hostile force, or is a Prisoner of War?

WIOA Release of Information Consent Certification and Acknowledgement (Please read and initial EACH release)

Release of Information for ELIGIBILITY: I authorize the release of my information to the Case Manager as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) Adult, Dislocated, and/or Youth 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, past, and future educational records from high schools, colleges, universities, and training schools to the Case Manager. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certification/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 Case Manager 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, past, and future employment information to the Case Manager. Such records include information related to my job title, start/end date, hourly wages, and hours worked per week.

Acknowledgement: 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 later. I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only. My authorization for Release of Information to AND/OR from the agencies/organizations listed above is valid until one year after case closure from the program.

APPLICANTS ARE RESPONSIBLE FOR INSURING THAT ALL REQUIRED DOCUMENTATION IS ATTACHED TO THEIR APPLICATION OR SUBMITTED TO THE GRANT AGENCY BY THE REQUESTED DEADLINE. MISSING, INCOMPLETE, OR INCORRECT DOCUMENTATION WILL DELAY THE PROCESS OF YOUR APPLICATION.

Print Applicant Name

Applicant Signature

____/____/____
Date

Print Parent/Guardian Name
(If applicant is under the age of 18)

Parent/Guardian Signature
(If applicant is under the age of 18)

____/____/____
Date