



Poarch Creek Indians Workforce Innovations and Opportunity Act (WIOA) Training Application

Applicant Information			
Full Name:	Social Security #:	County:	
Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Email:		

Contact Information			
Name: _____		Relationship: _____	
Address: _____		City: _____	State: _____ Zip: _____
Home Phone: (____) _____		Cell Phone: (____) _____	
Email: _____			

Demographic Information	
Date of Birth (mm/dd/yyyy): _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Choose not to answer <input type="checkbox"/> Hispanic Heritage <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Asian American/ Asian <input type="checkbox"/> Other: _____
Are you registered with Selective Service? (Only males born on or after 01/01/1960) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Selective Service Registration Number _____ Selective Service Registration Date _____	
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: _____	
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 an Alabama Driver's License or Alabama I.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your license ever been or/ is currently Suspended or Revoked? <input type="checkbox"/> yes <input type="checkbox"/> No	
Driver's License Type: <input type="checkbox"/> Regular <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> CDL Endorsements	
Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Auto, Light Truck)	

Employment

Have you ever worked? Yes No (If NO, proceed to Education)

Are you currently employed? Yes No

Current or most recent rate of pay _____

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: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours per week: _____ Shift: _____ Paid/Volunteer/Internship

Main Duties: _____

Start Date: _____ End Date: _____

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

Explain Reason: _____

Most Recent Employer: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours per week: _____ Shift: _____ Paid/Volunteer/Internship

Main Duties: _____

Start Date: _____ End Date: _____

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

Explain Reason: _____

Most Recent Employer: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours per week: _____ Shift: _____ Paid/Volunteer/Internship

Main Duties: _____

Start Date: _____ End Date: _____

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

Explain Reason: _____

Termination/Layoff

Have you received a termination/ layoff notice from your last job or dislocation? Yes No (If NO proceed to Education)

Actual Layoff Date: _____

Projected Layoff Date: _____

Reason for Layoff: _____

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

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 or program & Anticipated Completion Date: _____

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

List the names of schools you have attended, including high school. List any degrees/certificates and area 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	_____

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

Veteran Information

Did you serve in the active duty military, naval, or air service Yes No (If NO proceed to Public Assistance)

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 the 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 <https://vetrecs.archives.gov/VeteranRequest/home.html> to request a copy.

Are you a BRAC-impacted worker? Yes No (BRAC now considered eligible as Dislocated Worker)

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) or Food Stamps (SNAP)	<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	
Are you currently, or have you been notified, that you will receive Pell Grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Income Information

What is your family size? _____

What is your annualized family income? _____

Individual Barriers

Are you a displaced homemaker? Yes 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

Computer Skills

How would you rate your computer skills? Basic Good Excellent

Microsoft Office Skill Level/Training:

	NONE	BASIC	INTERMEDIATE	ADVANCED	FORMAL TRAINING
Word	<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"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Point	<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"/>	<input type="checkbox"/>
Personal/Work Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Computer Skills/Experience/Training: _____

Training Goals

- 1) Do you have a training goal? Yes No
a. Describe your training goal, be specific: _____
b. Reason you selected this training goal: _____
- 2) If you do not have a training goal, do you need assistance in selecting a training goal? Yes No
- 3) Have you selected a school? Yes No
What school/program _____
- 4) Have you previously enrolled in training funded through WIS/WIOA? Yes No
(If answered no, go to question #6)
a. Name of school attended: _____ Dates attended: _____
b. Name of training program or course of study: _____
c. Did you complete the training? (If yes, continue to question # 5) Yes No
- 5) Did you find a job after you completed or left training? Yes No
a. If yes, was the job related to the training received? Yes No
b. Name of employer: _____
- 6) List other funds you are seeking to assist you through training (i.e. PELL, Loans, scholarships, etc.)

Family Member's Work History

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

Family Member's Name: _____

Company Name & Address: _____

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

Family Member's Name: _____

Company Name & Address: _____

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

Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Company Name & Address: _____

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

Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Company Name & Address: _____

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

Hrs/Wk: _____ Hourly Wage: _____

Family Member's Name: _____

Company Name & Address: _____

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

Hrs/Wk: _____ Hourly Wage: _____

Family Composition and Address Verification

I, _____ live with the following family members at the following address.

Address/City/State/ Zip: _____

Name of Family Member	Relationship to Client	Age
1.		
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 the Poarch Creek Indian WIOA Program.

Customer Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____
(If Client is under 18)

FOR OFFICE USE ONLY:

Total Family Members: _____ **Career Facilitator's Signature:** _____ **Date:** _____

Release of Information & Consent Acknowledgement

RELEASE OF INFORMATION FOR ELIGIBILITY	Initial Here
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I authorize the release of information to the PCI WIOA Coordinator as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) & 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 received or have received services such as 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 INSTITUTIONS	Initial Here
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I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the WIOA Coordinator. Such records include my current/ past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that the family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of students education records that the WIOA Coordinator 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 photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

RELEASE OF INFORMATION FOR EMPLOYMENT	Initial Here
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I authorize the release of my current and past employment information to the WIOA Coordinator. Such records include information related to my job title, start/end date, hourly wages and hours worked per week.

CERTIFICATION & ACKNOWLEDGEMENT	Initial Here
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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 the right 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 required by law.

Applicants are responsible for insuring that all required documentation is attached prior to their application.

Missing documentation will delay the process of your application

Please read carefully, initial and sign each release/acknowledgment, sign and date.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent or Legal Guardian if client is under age 18)

Verification of Unemployment

Date

As of the date listed above, I _____ have been unemployed for the past seven (7) days or longer. If you have any questions, Please call me at _____.

Sincerely,

.....

Witness: _____

Witness: _____

(Witnesses CAN NOT be immediate family members such as mother, father, spouse, or sibling)