

Please submit completed applications to Job Training Unlimited, Inc. at the following locations:

Mail:

Job Training Unlimited, Inc.
107 N Duval Street
Claxton, Georgia 30417
Phone: 912.739.7158
Fax: 912.739.7126
applications@jobtrainingunlimited.com
www.region9wib.org

In Person:

Valmiera Project Office
OFTC, South Campus
Porter Center, Room 607
Dublin, Georgia 31021
Phone: 478.274.7646
478.274.7800
www.oftc.edu/valmiera

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TRAINING PRE-APPLICATION

OFFICE USE ONLY:		
Individual's Username _____	Program of Interest <input type="checkbox"/> Youth <input type="checkbox"/> ITA <input type="checkbox"/> OJT	Date/Time Received: _____ Received by: _____

Applicant Information

Full Name:		Social Security Number		County:	
Address		City		State	
Mailing Address (if different)		City		State	
Home Phone		Cell Phone		Primary Email	
Fax		Preferred Notification Method		<input type="checkbox"/> Internal Message <input type="checkbox"/> Email <input type="checkbox"/> Text Message	
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.

Name: _____ Relationship: _____

Address: _____ City: _____ St _____ Zip: _____

Home Telephone: () _____ Cell Phone: () _____

Email address: _____

Demographic Information

Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth : (mm/dd/yyyy) _____	Ethnicity
AGE: _____	<input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic Heritage
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander
	<input type="checkbox"/> Asian American/Asian <input type="checkbox"/> Caucasian/White
	<input type="checkbox"/> Other: _____ <input type="checkbox"/> I do not wish to answer

Citizenship : U.S. Citizen or Naturalized U.S. Permanent Resident Alien/Refugee Lawfully Admitted
List Alien Registration Number & Expiration Date: _____

Do you read and speak English : Yes No

Primary Language if other than English _____

Do you consider yourself to have a disability? Yes No

Are You Registered with Selective Service? (males only born on or after 1/1/1960) Yes No Not Applicable

Have you ever been convicted of a criminal offense? Yes No

Education History

Highest Credential Earned HSD GED None Highest grade completed: _____ Credential Degree

Are you currently in school? Yes No

If yes, specify High School GED/Adult Education College/Technical School

Program, Anticipated completion date _____

Employment Information

What is your current employment status? Working Full Time Working Part Time Not Working Never Worked
 Other Explain: _____

Type of Business Worked In: Private Business Local Government Federal Government Non-Profit
 Higher Education State Government Education (K-12) Other

Are you currently looking for work? Yes No What is your desired job title? _____

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

Termination/Layoff

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

Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service? Yes No

Date of layoff, termination or military separation: _____

Public Assistance

Does your household receive case welfare (TANF) payments? Yes No

Are you included in the grant? Yes No

Does your household receive SNAP (Food Stamps)? Yes No

Are you included in the grant? Yes No

Are you pregnant or parenting? Yes No

List the members of your household:

_____	Relationship to Applicant	_____	Age	_____	Place of Employment	_____	Income	_____
_____	Relationship to Applicant	_____	Age	_____	Place of Employment	_____	Income	_____
_____	Relationship to Applicant	_____	Age	_____	Place of Employment	_____	Income	_____
_____	Relationship to Applicant	_____	Age	_____	Place of Employment	_____	Income	_____
_____	Relationship to Applicant	_____	Age	_____	Place of Employment	_____	Income	_____

Veteran Information

Are you a caregiver who is a spouse or family member to 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 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 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 (Transitioning Service Member)? Yes No

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

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

WIOA Release of Information Consent /Certification & Acknowledgment

RELEASE INFORMATION FOR ELIGIBILITY

Initial Here

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, Youth 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 INFORMATION FOR EDUCATIONAL INSTITUTION

Initial Here

I authorize the release of my current and past 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/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 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 INFORMATION FOR EMPLOYMENT

Initial Here

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

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

Applicant Signature

Date:

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