Metro Atlanta WORK SOURCE GEORGIA
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WorkSource Metro Atlanta
WIOA **Eligibility** Application

Please complete the following form to the best of your abilities.

PART I: APPLICANT INFORMATION

Applicant Name: First MI Last				Application Date:
Birth Date:	Social Security Number - -	Gender: ☐ Male ☐ Female ☐ Do Not Wish to Answer		
Race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ White ☐ Hawaiian/Pacific Islander ☐ I do not wish to answer		Are you of Hispanic or Latino Origin? ☐ Yes ☐ No ☐ I do not wish to answer What is your primary language if NOT English:		
Primary Phone	Phone Type: ☐ Mobile ☐ Work ☐ Home ☐ Other	Email:		Contact Preference: ☐ Phone ☐ Email
Residential Address:	City:	State:	Zip Code:	County of Residence:
Mailing Address ☐ *Check here to use residential address*	City	State:	Zip Code:	County
Alternate Contact:	Relationship	Phone Number		

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you a United States Citizen? ☐ Citizen of US or US Territory ☐ U.S Permanent Resident ☐ Alien/Refugee Lawfully Admitted to the US ☐ None of the Above

If Alien/Refugee Alien Card #: _____ Exp. Date: _____

What is your current employment status? ☐ Working Fulltime ☐ Working Part-time ☐ Not Working ☐ Never Worked

Have you registered for the Selective Service (www.sss.gov)?
(Males born on or after 1/1/1960, ONLY) ☐ Yes ☐ No ☐ NA ■ Documented Exemption

Do you have a disability? ☐ Yes ☐ No

If Yes, do you need additional support? ☐ Yes ☐ No

Are you currently in the military, a veteran or a spouse of a member of the armed forces who is on active duty or a veteran? ☐ Yes ☐ No

Have you previously enrolled in WIOA funded training? ☐ Yes ☐ No

If YES, please complete the following:

Name of School attended:	Name of Training Program:	Completion Date:

Did you complete the training? If no, why not: ☐ Yes ☐ No

Did you find a job after you completed the training? ☐ Yes ☐ No

If YES, was the job related to the training you received?

Name of Employer:	Position:	Dates of Employment: (mm/dd/yy)	
		From	To

What are your future employment goals?

_____

_____

PART II: **ELIGIBLITY**

DISLOCATED WORKER Category

Have you received **notice of termination** or **layoff** from your last job or received documentation that you are **separating from the military**? ☐ Yes ☐ No

If YES, please provide the date of termination or separation (mm/dd/yy) _____

If YES, please provide the information of your previous employer

Employer Name		Employer County	
Address	City	State	Zip Code

Are you currently receiving unemployment benefits? ☐ Yes ☐ No

ADULT Category

In the past **six months**, have you or anyone in your family received the following **public assistance**:

Temporary Assistance for Needy Families (TANF)	☐ Yes ☐ No
Supplemental Nutrition Assistance Program (SNAP)	☐ Yes ☐ No
Supplemental Security Disability Income (SSDI)	☐ Yes ☐ No
Supplemental Security Income (SSI)	☐ Yes ☐ No
Any other forms of public support?	☐ Yes ☐ No

Explain: _____

PART III: **FAMILY COMPOSITION OF INCOME**

Family Composition: List each family member (spouse and dependents) living in the home

Names of Family Members Including Applicant	Relationship	Age	Social Security # (over 14 years of age)	Total Gross Income (Six Months Prior to Application)
	APPLICANT/SELF			
List other sources of financial support and amounts received: EXAMPLES: child support, unemployment, Social Security		1		
		2		
		3		
Total # in Household:			Total Household Income	

NOTE: Falsification of data on this form is a crime against Federal and State laws and is punishable by a fine or imprisonment or both and will require repayment of any monies paid to or on behalf of the applicant while in training.

PART IV: **EDUCATION HISTORY**

Please complete the following form to the best of your abilities

Are you currently in school? ☐ YES ☐ NO

If YES, Name of School: _____ Program: _____ Estimated Completion Date: _____

Highest School Grade Completed: ☐ None ☐ Grade School ☐ Middle School ☐ 10th ☐ 11th ☐ 12th

High school diploma or equivalent received (GED) ☐ YES ☐ NO

Highest Qualification Level Completed:

Do NOT complete for education levels of less than high school or high school equivalency diploma

- ☐ Certificate of Attendance/Completion (Disabled Individuals)
- ☐ High School Equivalency Diploma
- ☐ High School Diploma
- ☐ 1 Year at College or a Technical or Vocational School
- ☐ 2 Years at College or Technical or Vocational School
- ☐ 3 Years at a College or Technical or Vocational School
- ☐ Vocational School Certificate
- ☐ Associates Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate Degree
- ☐ Specialized Degree

Course of Study		Issuing Institution	

Do you possesses any certifications or licenses? ☐ YES ☐ NO

If YES, list below:

1

Certificate/License		Issuing Organization
Completion Date:	State	Country:

2

Certificate/License		Issuing Organization
Completion Date:	State	Country:

3

Certificate/License		Issuing Organization
Completion Date:	State	Country:

PART V: **WORK EXPERIENCE**				
Please list your work experience for the past 3 jobs your most recent job held.				
Name of Employer:	Occupation Title:		Type: ☐ Full Time ☐ Part-Time	
Employment Dates: (mm/dd/yy) From To	Wage/Salary $	City	County	State
Reason for leaving job (be specific):				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:				
Name of Employer:	Occupation Title:		Type: ☐ Full Time ☐ Part-Time	
Employment Dates: (mm/dd/yy) From To	Wage/Salary $	City	County	State
Reason for leaving job (be specific):				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:				
Name of Employer:	Occupation Title:		Type: ☐ Full Time ☐ Part-Time	
Employment Dates: (mm/dd/yy) From To	Wage/Salary $	City	County	State
Reason for leaving job (be specific):				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:				

APPLICANT ATTESTATION:

The information I have provided on pages 1-4 of this application are true. I understand that any false or misrepresented information may adversely affect my eligibility for services or disqualify me from receiving assistance.

Applicant Signature ____________________ Date ____________________

Applicant Printed Name ____________________