



Building a bridge with the Lower Chattahoochee Workforce Service Area Pre-Application Questionnaire

Thank you for your interest in participating in one of our service programs. This questionnaire will help us match you with a job or learning activity that best suits your interests and skills. Please take a minute to complete the questionnaire and return it to the Workforce Investment Act (WIA) Office located near you. Once it has been determined you may be suitable for the program, a career advisor will schedule an appointment and discuss your pre-application with you. In addition to completing the pre-application questionnaire, you may be required to complete assessment activities to determine your reading and math skills and set career goals. Completing this questionnaire does not mean you are in the program. This is not an entitlement program. **Applicant and parent/guardian, please answer all questions to the best of your knowledge. Incomplete applications will not be processed. Please use a black ink pen.**

General Information About Me

Date _____

Name _____ Social Security Number _____ - _____ - _____

Date of Birth _____ Race _____ Age _____ Any Children _____ How Many _____

Address _____ County _____

City _____ State _____ ZIP _____

Home Telephone Number _____ Cell Number _____

Parent or Guardian Name _____ email address _____

Contact person outside my home:

Name _____ Phone Number _____

Address _____

City _____ State _____ ZIP _____

Equal Opportunity Employer/Program
Auxiliary Aids & Services Available Upon Request to Individuals with Disabilities

Education

Check statements that apply:

- Dropout: I last attended _____ middle/high school. Last grade attended _____
Are you attending GED classes: yes ___ no ____ . If yes, where _____
- Current student: School _____ Grade _____ Graduation Date _____
- High school graduate: Diploma ___ GED___ Certificate___ : What School _____ When _____
- College or Technical School: What School _____ Hours completed _____
Degree or certificate: yes ___ no ____ . If yes, Diploma ___ AS___ AA___ BA___ BS___ MA___ PHD___ . When _____
- Need help completing an educational program? yes no

Employment Information

Complete the information below for ALL employment, starting with your current or most recent job. Information must be provided for at least one year prior to today.

Are you currently working? yes no: If yes, _____ full-time or _____ part-time
Do you need help securing and holding a job? yes no

Current/Past Employment:

Job Title: _____ Hourly Wage: \$ _____ Hours Worked Weekly: _____

Employer Name: _____

City _____ ST _____ Dates of Employment: From: _____ To: _____

Duties: _____

Reason for leaving _____

Job Title: _____ Hourly Wage: \$ _____ Hours Worked Weekly: _____

Employer Name: _____

City _____ ST _____ Dates of Employment: From: _____ To: _____

Duties: _____

Reason for leaving _____

Attach more pages for additional job information if necessary.

My Education and Employment Goals:

In six months: _____

In one year: _____

In five years: _____

What is your dream job? _____

Please rate your computer skills

	No Skills	Get Around	Performs Basic Functions	Performs Advanced Functions	Expert Technical User	Completed Formal Training
Word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Perfect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Spreadsheets Lotus Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Browsing & Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal or office email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Systems Windows _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income and Household Information
(Family members 15 and older must provide Social Security Numbers.)

List Family's Source of Income for the last 6 Months that live in the house hold, including yourself		
Family Member (mother, father, brother, sister)	Source of Support	6 month income/support
YOURSELF		\$
		\$
		\$
		\$
		\$
		\$

Is the family low income? _____

TOTAL: \$ _____

Composition of Family in Household
List the names, relationships and ages of family members living in your house, including yourself

Name	Relationship	Age	Social Security Number	Address

Total number of family members: _____

- Have your family received food stamps in the past six months? yes no
- Have your family been determined eligible to receive TANF or Food Stamps? yes no
- Did you receive SSI or TANF for this month? yes no
- Other Public Assistance received? _____
- Are you a foster child or ward of the state? yes no
- Are you homeless or a runaway? yes no
- Have you served in the U. S. Military? yes no. If yes, Veteran Status and branch _____
- Are you the spouse of a 100% disabled veteran (service relative), a service member who was killed in action or a service member who is a POW or MIA yes no
- Are there any parts of the county in which you cannot work due to transportation problems or other reasons?
 yes no. If yes, what part _____
- Are you pregnant or a parent? yes no If yes, Do you have children who will need childcare while you are in training? yes no
- Do you have any problems with reading, writing, speaking or understanding English? yes no
- Do you have a misdemeanor or felony conviction? yes no
- Do you have a valid driver's license? yes no
- Has your driver's license ever been suspended? yes no
- Do you want help getting ready for a job interview? yes no
- How do you plan to get to your activity or job each day? Parent neighbor/friend walk bus bicycle other _____

Applicant Acknowledgment

The information I have provided is true and accurate. I understand that any misrepresentation of information may adversely affect my application for WIA-funded services. I also understand that an application and eligibility screening are initial steps. After those steps are completed, staff will work with me to complete an Activity Plan. Staff will be unable to make any commitments about whether or not I will be approved for activities, until this Activity Plan has been completed, reviewed and approved. I also understand, that any payments I make to a school (tuition, fees, etc.), before my Activity Plan is approved, will not be reimbursed by WIA.

Signature of Applicant	Date	Signature of Parent/Guardian (applicants under age 18)	Date
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I also attest that the following information indicated with a check is true and accurate for the purposes of program eligibility for WIA-funded services. I also understand that I may be required to show proof of the following and other eligibility items before I begin services. I, along with my parent/guardian agree to answer customer satisfaction survey questions and give consent to participate in the customer satisfaction survey.

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | I am authorized to work in the United States. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am resident of the Lower Chattahoochee Workforce Service Area
(Chattahoochee, Clay, Harris, Muscogee, Quitman, Randolph, Stewart, or Talbot counties) |
| <input type="checkbox"/> | <input type="checkbox"/> | I am registered with the Selective Service (males only, age 18 and older) |

Signature of Applicant	Date	Signature of Parent/Guardian (applicants under age 18)	Date
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