

**Middle Flint
Workforce Innovative Opportunities Act
Training Questionnaire**

Date: _____

Received Date: _____

Staff Initials: _____

Dear Customer:

Thank you for your interest in applying for the Middle Flint Workforce Innovative Opportunities Act (WIOA) services. To help us match you with a training service that best meets your needs and interests, please complete this Questionnaire and return it to the Career Advisor listed below. The Career Advisor will schedule an appointment and review your answers with you. Listed below are other important key points you need to be ware of:

- In addition to completing the Questionnaire, you may be required to complete additional paperwork and assessment evaluations. If you have low skills in reading and math, or lack a high school diploma or GED, you may be required to attend classes to improve your skills before you can begin training.
- If you are interested in attending training where PELL grants, and/or HOPE funds are available, you will need to complete the Federal Financial Aide Form (FAFSA) before you are approved for training. You may pick up a FAFSA information packet from the training institution or apply on-line at www.fafsa.gov
- Because of funding limitations, not all eligible customers are approved for WIOA funding. Customers who apply for WIOA funding must be residents of the following counties in the Middle Flint area (Crisp, Dooly, Macon Marion, Schley, Sumter, Taylor and Webster). Your request for training will be evaluated on the following criteria; your need for training or retraining, other financial resources available to you, and availability and demand of training you want.
- You will also need to meet additional eligibility requirements for training. Your career advisor will review the eligibility requirements and begin documenting your eligibility. We will work with you to collect information to establish your eligibility for training and support assistance.

Please complete and return to the below listed address:

River Valley Regional Commission
WIOA Department
228 West Lamar Street
Americus, GA 31709

Telephone: (706) 660-5369
FAX: (229) 931-2917

Last Name:	First Name:	Middle Initial:
Social Security No.:	Mailing Address:	
Street Address:	City: State: GA	Zip Code:
Telephone : ()	Cell Phone: ()	Best time to contact:
Date of Birth:	Email Address:	
Age:		

Section A: Training Goals and Education History

1. Do you have a training goal? Yes No
 - a. Describe your training goal? Be specific.
 - b. Why did you select this training goal?
 - c. Which do you prefer? Classroom training (school) On-The-Job Training (OJT)
 - d. Are you currently in school? Yes No Start Date: _____
If yes, Name and location of school _____

2. What is your employment goal upon completion of training?

3. If you prefer classroom training, have you selected a school? Yes No
If yes, list the name of your first and second choice of school: _____

4. Have you previously enrolled in training funded by WIOA? Yes No
 - a. Name of school attended: _____ Date attended: _____
 - b. Name of training program or course of study: _____
 - c. Did you complete training? Yes No If Yes, skip to question #5.
 - d. Why did you not complete training? _____

5. Did you find a job after you completed or left training? Yes No
 - a. If Yes, was the job related to the training you received? Yes No
 - b. List name of employer: _____ Position: _____

6. List other funds you are seeking to assist you throughout training (i.e. Pell, HOPE, scholarships, loans etc.)

7. Are you a veteran of the United States Military Service? _____ Yes _____ No

Section B: EDUCATION

What is the highest grade you have completed? _____ years

Are you a High School Graduate ; _____ Yes _____ No

If No, do you have a GED ? _____ Yes _____ No

List the name of every school you have attended, including high school. Indicate any diploma, degrees or certificates and areas of study:

	High School	College/ Technical institution	College / Technical Institution	Other Training
School Name, Location				
Program of Study				
Did you Graduate?				
Years Attended	Graduation Date:	From: To:	From: To:	From: To:
Credential Earned		Diploma: Degree:	Diploma: Degree:	Diploma: Degree:

Any other training, education or work related certifications you would like to tell us about?

Section C : Computer Skills

Please rate your workplace computer skills. Also note any information that may be helpful in referring you to a job or that should be considered as the foundation for additional training.

	No Skills	Can perform Basic Functions	Can perform Advanced Functions	Completed Formal Training
Microsoft Word				
Excel				
Access				
Internet				
Personal or Office email				
Windows Operating Systems				
Other: Specify				

Please list any other computer skills that you have. This may include specific information technology (IT) skills, other types of computer skills such as database management, computer certifications, training and education, and other IT recognized achievement levels.

Section C: EMPLOYMENT HISTORY

Are you currently employed? _____ Yes _____ No If Yes, hours worked per week: _____

List on current and previous employers, job title, wage, and dates of employment, beginning with your current or most recent job.

Employer Name:		Address:	
City:	State:	Telephone:	
Job Title		Dates of employment from:	To:
Duties:			
Hourly Wage: \$		Average hours worked per week:	
Reason for Leaving:			

Employer Name:		Address:	
City:	State:	Telephone:	
Job Title		Dates of employment from:	To:
Duties:			
Hourly Wage: \$		Average hours worked per week:	
Reason for Leaving:			

Employer Name:		Address:	
City:	State:	Telephone:	
Job Title		Dates of employment from:	To:
Duties:			
Hourly Wage: \$		Average hours worked per week:	
Reason for Leaving:			

List any equipment or tools that you can operate: _____

Section D: ASSETS AND BARRIERS TO EMPLOYMENT

Please answer the following questions to help us determine your employment and training assets and barriers.

Question	Yes	No
1. Do you have problems reading and understanding written English?		
2. Do you have problems understanding spoken English?		
3. Do you have any health /medical barriers that prevent employment?		
4. Have you ever been arrested / convicted for a misdemeanor or felony?		
5. Are you currently employed?		
6. Have you registered for work at the Department of Labor Career Center Office?		
7. Have you applied for unemployment compensation?		
8. Was your unemployment insurance claim denied?		
9. Are you receiving unemployment compensation now?		
10. Were you laid off from you job because of company downsizing or plant closure?		
11. Did you receive a severance pay from your last employer?		
12. Are you willing to work weekends?		
13. Are you willing to work any shift available?		
14. Does your family want you to get a job?		
15. Do you own a reliable vehicle which can be used to get to training /employment?		
16. Do you have a valid driver's license?		
17. Has your driver's license ever been suspended?		
18. Will you need to arrange transportation before you can accept a job?		
19. Are you now or have you in the past six months received Food Stamps and or TANF?		
20. Are you currently receiving retirement pay?		
21. Are you currently receiving Social Security benefits?		
22. Do you have children who will need child care while you are in training?		
23. Have you had a problem finding a job in your recent job search?		

If you answered Yes to any of the above questions, please explain in section below:

Section E: Household Resources

Family Household Information:

Immediate family consist of the following individuals: applicant (you), spouse, depended children under age 21 who rely on applicant for total support.

List the number of people who are immediate family member residing in your household: _____

Household Resources

Household resources are items that provide financial assistance to the provide normal living expenses and may include but not limited to the following: employment wages, self-employment income, public assistance benefits, lottery proceeds, interest income, Social Security benefits, etc.. List all income and/or resources that contribute to household means of support.

Name of Family Member	Type of Resource (Employment income, Public Assistance, etc)	Employers Name	Estimated Monthly Resource \$
TOTALS			

Comments: _____

Section F: CONTACT PERSON			
The person listed below does not live with me but can always contact me:			
Name:		Relationship:	
Address:		City:	
State:	Zip:	Telephone # :	
Message Telephone:		Cell Phone:	

CUSTOMER ACKNOWLEDGEMENT

The information I have provided is true and accurate. I understand that any misrepresentation of information may adversely affect my request for WIOA assistance. I also understand that an application and eligibility determination are initial steps. After those steps are completed, staff will work with me to complete an assessment and service plan. Staff is unable to make any commitments about whether or not I will be approved for training until all paperwork has been completed, reviewed and approved.

Signature of Customer _____
Date

I also attest that the following information indicated with a check is true and accurate for the purposes of program eligibility for training and support services. I also understand that I may be required to provide proof of the following and other eligibility items before approval for training and/or supportive services are provided.

Please answer the below items	Yes	No
I am authorized to work in the United States		
I am a resident of the Middle Flint Workforce Area (Crisp, Dooly, Macon, Marion, Schley, Sumter, Taylor or Webster)		
I am registered with the Selective Service (males only, born on or after 01/01/1960)		
I am a U. S Citizen If no, please complete: Alien Card # _____ Expiration Date: _____		

THIS SECTION FOR OFFICE USE:

Customer has received one or more core services: _____ Yes _____ No
 Service Provided: _____ Date: _____

Customer has received one or more intensive services: _____ Yes _____ No
 Service Provided: _____ Date: _____

The initial review of this questionnaire indicates the customer may qualify as:
 _____ Adult _____ Youth _____ Dislocated Worker

Case Manager Name: _____ Date: _____

Customer Contacts
River Valley Regional Commission
Middle Flint WIOA
228 W Lamar St
Americus, GA 31709

Date: _____	Name: _____	SSN: _____
NOTE: The customer must provide the name, address and contact information of at least five people we can use to contact you in case we cannot locate you at the address and/or telephone number recorded on the Customer Application. Failure to provide five contacts will result in non-enrollment into the Workforce Innovative Opportunities Act Program.		
(1) Contact Name: _____ Relationship to you: _____ Street Address: _____ City/State/Zip: _____ Telephone #: _____ Alternate Phone #: _____ Email Address: _____ Best Time to Contact _____		
(2) Contact Name: _____ Relationship to you: _____ Street Address: _____ City/State/Zip: _____ Telephone #: _____ Alternate Phone #: _____ Email Address: _____ Best Time to Contact _____		
(3) Contact Name: _____ Relationship to you: _____ Street Address: _____ City/State/Zip: _____ Telephone #: _____ Alternate Phone #: _____ Email Address: _____ Best Time to Contact _____		
(4) Contact Name: _____ Relationship to you: _____ Street Address: _____ City/State/Zip: _____ Telephone #: _____ Alternate Phone #: _____ Email Address: _____ Best Time to Contact _____		
(5) Contact Name: _____ Relationship to you: _____ Street Address: _____ City/State/Zip: _____ Telephone #: _____ Alternate Phone #: _____ Email Address: _____ Best Time to Contact _____		

WIOA CLIENT CHECKLIST

NAME: _____ S.S. #: _____

Please check off the following if you have enclosed the necessary paperwork with your returned questionnaire.

If it does not apply to you please check that it does not apply to you.

FORMS/VERIFICATION SOURCES	Included	Need to get	Does not apply
Transcript (On Official Letterhead)			
Current Quarter Schedule			
Financial Award Letter			
Closure Notice (Employer Layoffs/Closure)			
Training Questionnaire (completely filled out)			
Customer Contacts (completed)			
Criminal Background Report <i>Obtain from local Police or Sheriff's office</i>			
Department Motor Vehicle Report (DMV) <i>Obtain from Licensing agency</i>			
Other:			
