



## ***TRAINING INTEREST QUESTIONNAIRE***

Dear Training Applicant,

Thank you for your interest in applying for services under the Workforce Investment Act (WIA). To help us match you with a training program that best meets your needs and interests, please complete this Questionnaire and return it to DeKalb Workforce Development at 320 Church Street, Decatur, GA 30030. If some questions make you uncomfortable, you may wait and discuss your answers with a Career Advisor. A Career Advisor will schedule an appointment and review your answers with you. Some other important key items you need to be aware of include:

- In addition to completing the Questionnaire, you may be required to complete additional tests to determine your employment skills. 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 HOPE scholarships are available, you will be required to complete the federal Financial Aid Form (FAFSA) before you are approved for training. You can obtain a copy of the FAFSA information packet on-line at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).
- Because of funding limitations, not all eligible applicants are approved for WIA funding. Applicants from DeKalb County service area who have met the basic eligibility criteria will be given priority for training funds. Your request for training will be evaluated on the following criteria: date of your questionnaire, your last date of employment, availability of the training you want, your need for training or retraining, and other funds available to you. Your Career Advisor will keep you informed about the status of your application.
- You will also have 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.

If you have questions about how to complete this Questionnaire, you may call (404) 687-3400. Additional information is available via the Internet at [www.dekalbworkforce.org](http://www.dekalbworkforce.org)

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Last First M.I.

Street Address: \_\_\_\_\_ Apartment No. \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Message Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Return Form to:**

DeKalb Workforce Development  
320 Church Street  
Decatur, GA 30030

**NAME:** \_\_\_\_\_

**PART I, 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
  
2. If you do not have a training goal, do you need assistance in selecting a training goal?  yes  no
  
3. If you prefer classroom training, have you selected a school?  yes  no  n/a  
 If yes, list the name of your first and second choice of school. \_\_\_\_\_
  
4. Have you previously enrolled in training funded through JTPA or WIA?  yes  no  
*If you answered **no**, skip to PART I, Section B below.*
  - a. Name of School Attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_
  - b. Name of the training program or course of study. \_\_\_\_\_
  - c. Did you complete the training?  yes  no
  - 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, etc.)

**PART I, Section B: EDUCATION**

What is the highest grade you have completed? \_\_\_\_\_ years

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

<u>School</u>	<u>Course of Study</u>	<u>Did You Graduate?</u>		<u>Year</u>
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Please note: Additional information concerning computer related skills and training appears in Section D of the questionnaire.

NAME: \_\_\_\_\_

**PART I, SECTION C: EMPLOYMENT HISTORY**

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

**Employer**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Equipment and Tools Operated: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Equipment and Tools Operated: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Equipment and Tools Operated: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Equipment and Tools Operated: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

NAME: \_\_\_\_\_

**PART I, SECTION D: COMPUTER SKILLS**

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

	No Skills	Can Get Around	Can Perform Basic Functions	Can Perform Advanced Functions	Expert Technical User	Completed Formal Training	
Word Processing							
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
<input type="checkbox"/> Word Perfect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
Computer Spreadsheets							
<input type="checkbox"/> Lotus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
<input type="checkbox"/> Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
Personal or Office email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
Computer Operating Systems (such as Windows XP, etc.)							
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are interested in computer software training or training within the information technology field, please indicate how the desired training will enhance your ability to obtain and maintain employment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments about your computer skills: \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

**PART I, SECTION E: ASSETS AND BARRIERS TO EMPLOYMENT**

Please answer the following questions to help us determine your employment and training assets and barriers. If you are uncomfortable with any question and would prefer to address the question directly with a Career Advisor, please specify.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you have problems reading and understanding written English?                                 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Do you have problems understanding spoken English?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Are you under the age of 22?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Are you over the age of 55?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Are you working a full-time job now?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Do you have a part-time job?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|  |                              |                             |
| 7. Have you registered for work at the Department of Labor Employment Office?                      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 8. Have you applied for unemployment insurance?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. Are you receiving unemployment compensation?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 10. Was your unemployment insurance claim denied?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 11. Were you laid off from your job because of company downsizing or reorganization?               | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|  |                              |                             |
| 12. Did you receive severance pay from your last employer?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|  |                              |                             |
| 13. Are you willing to work weekends?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 14. Are you willing to work nights?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 15. Does your family want you to get a job?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 16. Do you have a valid driver's license?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 17. Has your driver's license ever been suspended?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 18. Will you need to arrange transportation before you can accept a job?                           | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|  |                              |                             |
| 19. Are you now or have you in the past six months received food stamps?                           | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 20. Are you now or have you in the past six months received TANF or welfare?                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 21. Are you currently receiving retirement pay?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 22. Are you currently receiving social security?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 23. Are you currently using your savings to support you and your family while you are out of work? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|  |                              |                             |
| 24. Do you have children who will need child care while you are in training?                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 25. Do you have a misdemeanor or felony conviction?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 26. Have you had a problem finding a job in your recent job search?                                | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 27. Do you have a current resume?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |

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**For Office Use:**

**NAME:** \_\_\_\_\_

**PART I, SECTION F: CONTACT PERSON**

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 Number: ( ) \_\_\_\_\_ Message Telephone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**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 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 Employment Development Plan. Staff are unable to make any commitments about whether or not I will be approved for training until this Employment Development Plan has been completed, reviewed and approved. I also understand that any payments I make to a school (tuition, fees, etc.) before my Employment Development Plan is approved will not be reimbursable by WIA.

\_\_\_\_\_  
Signature of Applicant 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.

- |                          |                          |  |
|--------------------------|--------------------------|--|
| 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 a resident of the DeKalb County Service Area.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I am registered with the Selective Service (males only, born on or after 1/1/1960) |
| <input type="checkbox"/> | <input type="checkbox"/> | U.S. Citizen. If no, please complete:<br>Alien Card # _____ Expiration Date _____  |

\_\_\_\_\_  
Signature of Applicant Date

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**THIS SECTION FOR OFFICE USE ONLY**

Yes  No Job Seeker has received one or more core services.  
Service provided: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No Job Seeker has received one or more intensive services.  
Service provided: \_\_\_\_\_ Date: \_\_\_\_\_

The initial review of this application indicates the job seeker may qualify as:  
 Adult  Youth  Dislocated Worker