



**DeKalb Workforce Development**  
*Where Workforce Comes Together*



**Workforce Investment Act (WIA)  
Individual Training Account (ITA)  
Application**



# DeKalb Workforce Development

*Where Workforce Comes Together*

## Credential and Employment Consent Agreement

This agreement is made by and between DeKalb Workforce Development (DWD) and the Workforce Investment Act (WIA) program participant. As a program participant and while enrolled in the WIA program within DeKalb County schools and technical and proprietary schools, I understand that it is my responsibility to make every effort to successfully complete the program. I agree to immediately release to DeKalb Workforce Development any pertinent information associated with my attendance such as enrollment status, a copy of my Certificate of Successful Completion and employment status.

School/Training: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Credential/Certification: \_\_\_\_\_

I agree to notify DWD as soon as possible if I receive employment and furnish the name, address and telephone number of my employer. I further agree to report the starting date, starting salary, job title, and benefits offered. However, my employer is authorized to release employment information to DeKalb Workforce Development on my behalf.

Employment Start Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Job Title: \_\_\_\_\_

Benefits: \_\_\_\_\_

Business: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

\_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer Fax: \_\_\_\_\_

**IF I SHOULD FAIL TO PROVIDE THIS INFORMATION I HEREBY GIVE PERMISSION TO DWD TO CONTACT MY SCHOOL/EMPLOYER TO OBTAIN THIS INFORMATION.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Career Consultant's Signature (DWD)

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [name of government entity], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:



## Workforce Investment Act Commonly Asked Questions

### **1. What is an "In Demand" Occupation?**

A "In demand" occupation is one that offers stability and growth in the job market. The ONET online (<http://online.onetcenter.org>) provides current analysis for any labor market industry. Customers pursuing any training can be empowered with the ability to make wiser choices and better decisions as it relates to reaching their training and employment goals.

### **2. How long is the WIA application process?**

The WIA application process should take a minimum of (30) thirty days. This is not a quick or instant process; it depends heavily on the customer and the availability of the following: (1) Orientation Process, (2) Eligibility, (3) Appointment with Career Consultant, (4) Approval Process.

### **3. Do I have to be employed to receive WIA benefits?**

No. You can be underemployed, a laid off worker, or wanting to obtain a skill upgrade and be considered eligible; however your choice of training must be a demand occupation.

### **4. Do I have to apply for financial aid in order to receive WIA funding?**

Yes, Individuals interested in attending training where Pell and Hope scholarships are available, will be required to complete the Federal Financial Aid Form (FASFA) before being approved for training. FASFA information packets are available on line at <http://www.fasfa.ed.gov> or in financial aid offices.

### **5. If I was approved for WIA training in the past, but never took the class and the school did not receive funding on my behalf, can I still get WIA training?**

Yes, but it will depend heavily on the assessment of the career consultant.

### **6. How will I know if I have been approved for training?**

You will be contacted by a career consultant via email or phone.

### **7. Does WIA pay for online classes?**

No, WIA does not have a policy in place for online classes. In the future, WIA may approve distance learning on a case-by-case basis when certain conditions are met and the customer appears to have a likely chance of successfully completing the training.

### **8. What is the minimum age to be eligible for WIA training?**

A customer must be Age 18 or above on the Date of Registration to be eligible for WIA Adult or Dislocated Worker funding for Occupational Skills training and supportive services.

### **9. Do I have to have a high school diploma or GED to receive WIA benefits?**

No, not to receive WIA benefits but yes if required by your career or school choice. GED Preparation is offered Monday – Thursday 9:00 – 12:00pm at this location.

### **10. Will WIA assist me in receiving my bachelors or advanced degree?**

WIA regulations require the training be completed within 2 years. Therefore, if a customer already has college credits equal to at least two years, and can finish the program within the allotted time, it is possible for WIA to help the customer complete the bachelor's degree. The major has to be occupation specific, in a demand occupation, such as accounting, CIS. General Majors such as business management would not be supported. The DeKalb Workforce Board's current policy is not to approve funding for masters degree, as that does not fit in with the requirement of serving "most in need".

### **11. Can I still qualify for WIA benefits if I am an ex offender?**

Yes, you can qualify for WIA benefits, you will need to be assessed by a career consultant, and the training requirements differ accordingly to the case.

### **12. Will I still be eligible for benefits if I have a defaulted student loan?**

Yes, but additional eligibility requirements may apply in order to get approved for training.

**13. Why do I need to take a reading and Math assessment?**

*The reading and math assessments help us determine that the student has the proper basic skills in order to successfully complete the training program. Each school has submitted to the state the grade level required for admission into a particular program. These requirements can be found on the EPL. If a customer does not initially meet those requirements, training is not denied – just temporarily put on hold until the customer can bring up the scores to the required level. The remedial classes are available here at the center and are free of charge.*

**14. If I receive WIA, do I need to be enrolled in school fulltime?**

*Yes, WIA will only pay for full time training. Full time training is based on the school's schedule.*

**15. Can I be trained in more than one occupation?**

*No, funds are only available for training in one demand occupation per individual. Upon completion of training, every effort should be made to seek, find and maintain permanent full time employment.*

**16. If I just moved to DeKalb County can I still be eligible for WIA benefits?**

*Yes. The customer needs to show current residence in DeKalb County, and there is no minimum time requirement.*

**17. What is my next step?**

*If you are interested in receiving WIA funding for training, please complete a Training Interest Questionnaire and return to the Orientation Facilitator and you will be scheduled for an eligibility session. If you interested in job search please visit our One-Stop Center.*

**18. How long can my training last?**

*WIA may be approved for short or long –term training for up to 2 years. Programs should not exceed 104 weeks (2 years). Exceptions to this policy may be approved on a case by case basis and requests should include evidence that financial support is available during extended training periods. Applicants must be accepted into the specific occupational skills training program of their choice. While the emphasis in career education is on specialized offerings, each degree/certificate program includes a selection of courses (Prerequisites) from an approved core of general education; these approved core courses (prerequisites) will be included in the customer's Individual Training Account funding. Extended critical shortage healthcare curricula will be reviewed and approved on a case-by-case basis.*

**19. Can I continue to receive my unemployment insurance while in training?**

*Yes! As a dislocated worker you will be given a special claimant trainee status while you're in an approved training program. This means that you may continue to draw unemployment insurance while you are in full-time training (full-time as defined by the school). Please note that you may exhaust unemployment insurance before you finish training if you select a training program longer than your employment benefits are scheduled to last.*

**20. Can I attend any school or training program I wish?**

*The school and the training program must be on Georgia Statewide Eligible Provider List and must be approved by the local Workforce boards. Training Providers and programs are determined eligible based on the Metro Area Job Outlook and Demand Occupations.*

**21. I have a bachelor's degree. Will WIA pay for me to receive a master's degree?**

*Yes, but only if you do not possess the skills needed to obtain a job in the present job market. If approved, the advanced degree must lead to a job in a growth occupation.*

# Eligibility Requirements and Checklist

*Use this form to determine eligibility for WIA Services*

*Under WIA, who are Dislocated Workers, Displaced Homemakers, Adults?*

**Dislocated Workers** are individuals who have lost their employment or income from employment for one or more of the following circumstances:

- Has been laid off and received a Separation Notice **and** is eligible for or has exhausted U. I. **or** is not eligible for U. I. due to insufficient earnings or having performed work for a non-covered employer, but has been employed for duration to show attachment to the workforce (6 months) **and** is unlikely to return previous occupation without additional services or training
- Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days
- Previously self-employed and unemployed due to natural disaster or general economic conditions
- After layoff, have become reemployed in an income maintenance position and meets the definition of a currently employed dislocated worker.

**Currently employed dislocated workers** may be determined eligible for services if the customer's current employment meets all of the following conditions:

The individual is currently making less than 85% of former wages, and/or is in employment that uses significantly less skills or abilities than the job of dislocation, **and**

The individual's current employment and job of dislocation is not in a field or occupation that is generally known for short term or contract work. In these instances, customers may be assessed for program eligibility at the time they are no longer working.

**Displaced Homemakers** (male or female)

- An individual who has been providing unpaid services to family members in the home and who
- Has been dependent on the income of another family members but is no longer supported by that incomes and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment (may include spouses of dislocated workers)

**Adults** are individuals age 18 and older who may be eligible based on family size and income.

## WIA Training Application Cover Sheet & Checklist of Attached Requirements

*Use this as the cover sheet for your training application & checklist of documents you are attaching.*

Date \_\_\_\_\_ Date Received by Career Resource Center \_\_\_\_\_

\_\_\_\_\_  
Name

**Attached is my application for WIA-funded training services as an:**  
\_\_\_\_\_ **Adult (All Items in 1 and 2) or \_\_\_\_\_ Dislocated Worker (All Items in 1 and 3)**  
**(Submit copies, No original Documents)**

**1. EVERYONE SUBMITS THESE ITEMS**

- \_\_\_\_\_ Drivers License **or** State I.D. **or** Birth Certificate
- \_\_\_\_\_ Social Security Number
- \_\_\_\_\_ Selective Service Registration (Males only, born on or after 1/1/1960) [www.sss.gov](http://www.sss.gov)
- \_\_\_\_\_ Resume     If not available, you will be required to attend a resume workshop.

**2. ADULT ELIGIBILITY ALSO REQUIRES 2 ITEMS:**

- \_\_\_\_\_ Food Stamps or TANF Letter (Current within last 6 months) **OR** Paycheck Stubs (for 6 months since date of this application) or Letter from Employer
- \_\_\_\_\_ Completed Family Income and Composition Form.

**3. DISLOCATED WORKER OR DISPLACED HOMEMAKER ELIGIBILITY REQUIRES THESE THREE ITEMS**

- \_\_\_\_\_ Notice of Layoff, Separation Notice or U.I Determination Letter (layoff due to no fault of the customer) (Displaced Homemakers use copies of spouse layoff)
- \_\_\_\_\_ Verification of Unemployment Insurance Status
- \_\_\_\_\_ Job Search Records (can send copies of records submitted to U.I)

**Applicants are responsible for insuring that all required documentation is attached to their application.  
Missing documentation will delay the process of your application**



## Veterans Determination Worksheet

Customer's Name \_\_\_\_\_

Participant ID Number (e.g., social security or alien number) \_\_\_\_\_

**Are You a Veteran?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**If "YES"**

Did you serve in the active military, naval or air service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you discharged or released under conditions other than dishonorable? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the customer can answer "Yes" to **both** of these questions, then he/she qualifies as a "covered person" under the Veterans Priority Policy.

**Are you married to a Veteran?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**If "YES"**

Does your spouse have a total disability resulting from a service-connected disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your spouse listed as forcibly detained or interned by a foreign government or power, missing in action or captured in the line of duty, and has been so listed for a total of more than 90 days? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the customer can answer "Yes" to **either** of these questions, then he/she qualifies as a "covered person" under the Veterans Priority Policy.

**Are you a surviving spouse of a Veteran?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**If "YES"**

Did your spouse die of a service-connected disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your spouse die while a total disability resulting from a service-connected disability was in existence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the customer can answer "Yes" to **either** of these questions, then he/she qualifies as a "covered person" under the Veterans Priority Policy.

=====

**DETERMINATION**

Based on the information proved to me by the customer, I have determined that this individual

\_\_\_\_\_ **IS** \_\_\_\_\_ **IS NOT** a covered person under the Veterans Priority Policy of DWD.

\_\_\_\_\_  
Workforce Professional

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date



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

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

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate #: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

**\*Please attend an Intake Session once you complete your paperwork. Call 404-687-3400 to schedule an appointment. (BY APPOINTMENT ONLY)**

Initial each item you have	INTAKE CHECKLIST
	A copy of this check list is the first item in the packet then the Veterans Priority of Service
	Cover letter and Resume (Be sure to include email address on Resume)
	Training Interest Questionnaire (Be sure page 3 includes the salary, dates and reason(s) for leaving and be sure on page 6 both places are signed)
	Social Security Card <b>AND</b> Georgia ID or Georgia Driver's License <b>OR</b> ALIEN Card <b>OR</b> Passport
	Proof of Residence (Bill, Lease, Recent Mail, Letter from person residing with)
	Family Income Verification --- proof of income for the past six months can be any of the following: <ul style="list-style-type: none"> <li>• Most recent check stubs, Social Security Benefits, TANF, Food-stamps, letter from person providing support if no income</li> <li>• Unemployment Insurance (UI) Examiner Letter or Separation Notice for Dislocated Workers (Involuntary Lay-off or company closure) Notice of layoff or separation notice (Layoff due to no fault of the customer)</li> <li>• (Displaced Homemakers: Bring copies of layoff of spouse )</li> </ul>
	Employer Target List --- List 10 of the most current employment/employer opportunities you have recently applied for. Sample search engines are: <a href="http://www.careerbuilder.com">www.careerbuilder.com</a> , <a href="http://www.hotjobs.com">www.hotjobs.com</a> , <a href="http://www.ajcjobs.com">www.ajcjobs.com</a> , <a href="http://www.indeed.com">www.indeed.com</a> ; <a href="http://www.thejobsite.org">www.thejobsite.org</a>
	Selective Service --- for all males born after January 1, 1960 must be registered. Visit <a href="http://www.sss.gov">www.sss.gov</a> to print off verification or a copy of your DD214
	ITA/ Fast Track Application completed in full with all research and job ads attached. Do not attach single newspaper cut outs – print off detailed job ads from the INTERNET. Is your training in Demand? See DeKalb Workforce Development's <a href="#">Demand Occupation List</a> (This is a sample list only)
	Overview of the industry---5 ads for companies with current openings in your training field of interest (include requirements, be sure you will meet the requirements of each ad after training.) <b>In addition</b> to the 5 ads you must attach the labor market research. This information tells us about the industry you are interested in. Things like wages now and in the future; if it's an in demand occupation now and in the future; what the job duties are, skills required, etc. (do not confuse this with the employer target list)
	Attach the printouts from the three schools you have selected from the approved website listed here ( <a href="http://www.gcic.edu/gawia">www.gcic.edu/gawia</a> ) The first printout should be the contact information per school then the actual program information per school. <b>You should have 2 pages per school/ total of 6 pages when done</b>
	O*NET Interest Profiler – Visit <a href="http://www.gcic.peachnet.edu">www.gcic.peachnet.edu</a> –User ID is dekalbwdd and password is gcis1557---print off the summary page at the end of the survey
	TABE Test Results (TABE test is required-schools cannot waive this test) M-W-F at 8:45am –please take it prior to coming to the Intake Session. For practice, you can Google sample reading and math worksheets on decimals, fractions, word problems and reading comprehension.)
	Financial Aid Verification ( <a href="http://www.fafsa.ed.gov">www.fafsa.ed.gov</a> )
	7 year MVR for truck drivers only
	Acceptance letter
	Program Ready Letter if attending a Technical School (Can not be provisional)

## HOW TO ACCESS THE O'NET INTEREST PROFILER & SKILLS ASSESSMENT

1. Type in website address [www.gcic.peachnet.edu](http://www.gcic.peachnet.edu)
2. Click the "Enter key"
3. On the O'Net home page, click on the center button that say "**Click here to enter**"
4. Type in the User ID "**dekalbwdd**"
5. Type in the Password "**gcis1557**"
6. Click on the "**Sign In**" button
7. When the next screen pop up, scroll down on the left hand side and click on "**O'NET INTEREST PROFILER**" link
8. You are going to come to a "Getting started" screen, which will explain to you what an **O'NET INTEREST PROFILER** is, click the "Green Arrow"
9. After reading the instruction, click the "Green Arrow again. You may now begin answering the 180 questions.
10. After you complete the assessment, click on "**Get Results**"
  - \*Click "**Print**" on the O'NET page (not from the File menu)
  - \*Print **Your Name** in the little rectangle box
  - \*Click Print again, and then click **OK**

If you are using the Resource Center, you will need to come to the Resource Center Desk to pick up your printed results.

Continue to do the Skills Assessment by clicking "**Home**". When the home page is up again scroll down on the left hand side and click on the "**SKILLS ASSESSMENT**" link. Follow the instructions and complete the assessment. To print the results, follow step **10** above (You need to choose Rate Skills & 30 Top Occupations).

\*\*\*To know what occupations there are according to how you had answered the questions, go back to the Home page and click on "**Occupation**" then click the first letter of your occupation. When the next page come up, click on "**Print**" at the right hand side, type **Your Name**, click "**Select All Related Topics**", click "**Print**" at the bottom. The print screen will come up and click **OK**.



## 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 want to 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 question about completing this application, you may call (404) 687-3400. Additional information is available on the internet at <http://www.dekalbworkforce.org/employmentandtraining.html>.

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

Please complete and return this form along with required documentation listed on the Eligibility Requirement Checklist at the Intake session held every Tuesdays at 10:00am at 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.

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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.

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

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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 is 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**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Job Seeker has received one or more core services.<br>Service provided: _____ Date: _____      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Job Seeker has received one or more intensive services.<br>Service provided: _____ Date: _____ |

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

**FAMILY INCOME AND COMPOSITION (for Adult eligibility only)**



Names of Family Members Including Applicant	Relationship to Applicant	Age	Social Security Number	Income (From 6 months prior to date of this application)
<b>TOTAL NUMBER OF FAMILY MEMBERS:</b> _____				<b>TOTAL INCOME:</b> \$ _____ <b>Compare this total 6 month income to the Income Chart in the Eligibility Checklist to see if you are eligible</b>
Include any other sources of financial support such as: Unemployment, Child Support, Social Security				

Note: Falsification of Data on this form is a crime against Federal and State laws. Falsification or concealment of information 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 a training program.

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

\_\_\_\_\_  
 Date





**Fast Track ITA**

**LABOR MARKET RESEARCH**

Name of your first choice school:		
What program? (Example: truck driving, nursing)	Start date:	End date:
Total Cost:		
Are there jobs available in this field that you would qualify for after training?	YES	No – please select another area that is in demand and that will enhance your current skills.
Attach 5 job ads to show you would have both the experience and the credential for this type of job after training. Read each ad carefully and only attach those you would qualify for.		What’s the average salary for this industry?  Attach verification of salary information and overview of this industry to this page.

**ONET SURVEY**

List the top three results from the ONET Survey and the actual score. Example: (Social 22)

1.		
2.		
3.		

**TABE ASSESSMENT**

After choosing your three schools and reading over the material, it will give you the Educational Requirements for each school. Your TABE scores must match what the school is looking for. If there are no grades listed on the Eligible Providers List then you must score 12.0+ automatically. Please write your TABE scores here. If you find that your scores do not match, please retest before submitting your paperwork and write in the scores that match here.

Reading:	Retake	YES	NO
Math:			



## Fast Track ITA

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Instructions: This worksheet will help you gather information about desired training and potential jobs available after you complete training for the occupation you have chosen. To help you decide which program is best for you, collect information on (3) schools that offer the same training program considering flexibility of schedule and travel distance. Attach copies of both, the job announcements and the 3 schools from the approved vendor list at [www.gcic.edu/gawia](http://www.gcic.edu/gawia). Be sure to print off the information page for each school as well as the page that shows the training you want. You should have a total of six printouts from this website in addition to the 5 job ads in the field.

### School #1 \_\_\_\_\_

What are the program's entry requirements? \_\_\_\_\_

How long does it take to complete? \_\_\_\_\_

How much does it cost to attend the program? \_\_\_\_\_

Are there other sources of financial aid available? \_\_\_\_ PELL \_\_\_\_ Hope \_\_\_\_ Other

What instruction methods are used? \_\_\_\_\_ % Instructor Lead \_\_\_\_\_ % Self-directed

What job placement assistance is provided by the vendor? \_\_\_\_ Placement Staff \_\_\_\_ Job Order Leads \_\_\_\_ Other

### School #2 \_\_\_\_\_

What are the program's entry requirements? \_\_\_\_\_

How long does it take to complete? \_\_\_\_\_

How much does it cost to attend the program? \_\_\_\_\_

Are there other sources of financial aid available? \_\_\_\_ PELL \_\_\_\_ Hope \_\_\_\_ Other

What instruction methods are used? \_\_\_\_\_ % Instructor Lead \_\_\_\_\_ % Self-directed

What job placement assistance is provided by the vendor? \_\_\_\_ Placement Staff \_\_\_\_ Job Order Leads \_\_\_\_ Other

### School #3 \_\_\_\_\_

What are the program's entry requirements? \_\_\_\_\_

How long does it take to complete? \_\_\_\_\_

How much does it cost to attend the program? \_\_\_\_\_

Are there other sources of financial aid available? \_\_\_\_ PELL \_\_\_\_ Hope \_\_\_\_ Other

What instruction methods are used? \_\_\_\_\_ % Instructor Lead \_\_\_\_\_ % Self-directed

What job placement assistance is provided by the vendor? \_\_\_\_ Placement Staff \_\_\_\_ Job Order Leads \_\_\_\_ Other