

Fast Track Friday (FTF)

Fast Track Friday is a process by which seriously interested individuals will have the opportunity to complete all assessments as required by WIA in one day. The individual **must** complete an application package and bring the completed package **plus** the required documents with them to their appointment. **NO INCOMPLETE PACKAGES WILL BE ACCEPTED.** Please be advised that on this day you will be here between 6 - 7 ½ hours. This process is simply condensing a two week process into one day.

FTF Assessment Orientation Statement

FTF Application Package

The steps are as follows:

1. Read Assessment Orientation Statement – Print and Sign
2. Complete the online application package or package that has been given to you
3. Print it
4. Gather documents (as indicated below)
5. Call 770-229-9799 / 877-633-9799 to schedule an appointment.
6. Pre-register at www.workreadyga.org

You **MUST** bring your completed documents with you on the day of your appointment. You are also required to bring in the following items at the time of your appointment:

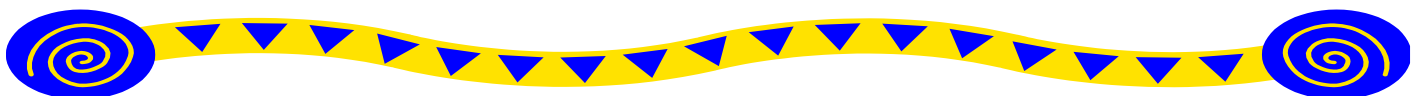
- Original Social Security Card
- State issued Photo ID (Prefer GA drivers' license)
- School Documents
 - a. Acceptance Letter
 - b. Official or Unofficial Transcript
 - c. Current Schedule
 - d. Grades from previous quarter (if applicable)

IF YOU DO NOT HAVE YOUR ORIGINAL SOCIAL SECURITY CARD AND STATE ISSUED ID AT THE TIME OF APPOINTMENT YOU WILL BE RESCHEDULED. You will not be allowed to continue on the Fast Track at this time.

There are NO Fees associated with this service and **FTF** will only be scheduled for the Griffin Corporate Office. All no shows will be placed back into the regular orientation schedule at the respective location.

No one will be allowed into the orientation after 8:40 am.

SPACE IS LIMITED!!!



Workforce Development TRRC

A Division of Three Rivers Regional Commission

Fast Tack Friday Assessment Orientation

If you have been scheduled for the FTF (Fast Track Friday) orientation and assessment please be informed of the following:

- Please plan to arrive at least 5 minutes early (**No one will be allowed after 8:40 am**)
- Plan to be here for at least 6 – 7½ hours
- You will be allowed breaks so bring a small snack (*you will not be allow to eat/ drink in the computer lab*)
- Please be sure to place your cell phone to silent or off
- If you wear glasses please bring them with you.
- If you are sick and not feeling well please reschedule.
- Please make sure you are well rested.
- No calculators will be allowed therefore you might want to refresh on your math before your assessment date.
- If you have trouble reading, please inform the WIA rep for special arrangements before your assessment appointment date.
- Please remember have a healthy breakfast before you arrive.

During your appointment your paper work will be reviewed for completeness and you will proceed to be seated for orientation to WIA services. You will then be given the TABE (Test of Adult Basic Education) which measures your Reading and Math grade levels. You must reach at least a 7.0 grade level to be eligible to move on to the next level in FTF. If your scores do not meet the 7.0 grade level, you will be referred to a WIA counselor for alternate services or referral.

The next level of assessment you will take is the SAGE (System for Assessment and Group Evaluation) to measure your strengths and weaknesses, likes and dislikes in efforts to assist you with a plan for your career or training path.

This assessment also measures the following:

Temperament, work attitude, reasoning, math and language skills, spatial perception, ability to alphabetize and sort, dexterities, eye hand and foot coordination just to name a few.

Some parts of the assessment are timed and some are not timed. Please read your instructions carefully asking any questions before you begin your module. On the untimed sections maintain a steady flow in reading and answering the questions and moving on to the next.

This is not a pass or fail. Your scores will be suited to match you to a career/training program that is comparable to your assessment level.

GOOD LUCK!

By signing below you acknowledge that you have read, understand and received a copy of this document. Should you have any questions or concerns please contact your WIA representative.

Participant: _____ Date: _____

WIA Staff: _____ Date: _____

Workforce Development TRRC

WORKFORCE INVESTMENT ACT (WIA) TRAINING APPLICATION

Applicant Information

Full Name:		Social Security Number		County:
Address		City	State	Zip Code
Mailing Address (if different)		City	State	Zip Code
Home Phone	Cell Phone	Email		

Are you a part of a Social Networking Site (E.g. Facebook, Twitter, MySpace) Yes No
 (If "Yes" indicate the name of the site and your profile name)

Name of Site _____ **Profile Name** _____

Contact Information

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: () _____ **Cell Phone:** () _____

Email address: _____

Demographic Information

Date of Birth (mm/dd/yyyy)	Ethnicity	
AGE:	<input type="checkbox"/> African American or Black	<input type="checkbox"/> Hispanic Heritage
Gender	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian American or Asian	<input type="checkbox"/> Caucasian or White
	<input type="checkbox"/> Other: _____	

Citizenship : U.S. Citizen or Naturalized U.S. Permanent Resident Alien/Refugee Lawfully Admitted
 List Alien Registration Number & Expiration Date: _____

Are You Registered with Selective Service? (males only born on or after 1/1/1960) Yes No Not Applicable

Selective Service Registration Number _____ **Selective Service Registration Date** _____

Do you consider yourself to have a disability? Yes No Chose not to identify

Driver's License Information

Do You Have a Georgia Driver's License or Georgia I.D.? Yes No
Has your license ever been or/ is currently Suspended or Revoked? Yes No
Driver's License Type: Regular Commercial(CDL) CDL Endorsements
Class: A B C (Auto, light truck)

Public Assistance

Within the last 6-months have you received any of the following:

Assistance Type	Yes or No	Comments
Temporary Assistance for Needy Family (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Stamps (FS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade Adjustment Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Refuge Cash Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently, or have you been notified, that you will receive Pell Grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Veteran Information

Did you serve in the active duty military, naval, or air service?

If yes, please complete the following:

Branch: _____ Date Entered: _____ Date Released: _____ Type of Discharge _____

Did you serve more than one tour of duty? Yes No

Are you a disabled veteran? Yes No

Are you a campaign veteran? Yes No

Are you recently separated? (within last 48 months) Yes No

Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW?

Yes No

Please submit a copy of your DD 214 form. Go to <http://vetrecs.archives.gov/> to request a copy.

Are you a BRAC-impacted worker?

Yes No (BRAC now considered eligible as Dislocated Worker)

Education History

Highest Credential Earned HSD/GED Certificate Associates Bachelors Masters PhD None

Are you currently in school? Yes No

If yes, Name of School, Program, Anticipated completion date _____

List the name of schools you have attended, including high school. List any degrees/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	_____

List any current professional license(s) you hold: _____

Employment

Are you currently employed? Yes No
Current or most recent rate of pay _____
Did you receive severance pay from your last employer? Yes No
Are you currently receiving retirement pay? Yes No
Are you or have you received Unemployment Compensation (UI)? Yes No

List current and previous employers, going back 10 years, beginning with your current or most recent job.

Most Recent Employer: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours Per Week: _____ Shift: _____ Paid/ Volunteer/ Internship

Main Duties: _____

Equipment/s Used: _____

Start Date (Month/Year): _____ End Date(Month/Year): _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours Per Week: _____ Shift: _____ Paid/ Volunteer/ Internship

Main Duties: _____

Equipment/s Used: _____

Start Date (Month/Year): _____ End Date(Month/Year): _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: (____) _____

Job Title: _____ Hourly Wage: \$ _____

Hours Per Week: _____ Shift: _____ Paid/ Volunteer/ Internship

Main Duties: _____

Equipment/s Used: _____

Start Date (Month/Year): _____ End Date(Month/Year): _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Termination/Layoff

Have you received a termination or layoff notice from your last job or job of dislocation? Yes No

Actual Layoff Date: _____

Projected Layoff Date: _____

What is the reason for the layoff? _____

Who is the dislocation employer? _____

Dislocation Employer Address: _____

Dislocation Hourly Rate: \$_____

Did you attend a meeting at your employer to discuss Unemployment Insurance and Workforce training? Yes No

Individual Barriers

Are you a displaced homemaker? Yes LWIA Dislocated Worker No

Are you a single parent? Yes No

Have you ever been convicted of a misdemeanor or felony? Misdemeanor: Yes No Felony: Yes No

Do you read and understand English? Yes No

What is your primary language? (if other than English): _____

Do you need an interpreter? Yes No

Income Information

What is your family size? _____

What is your annualized family income? _____

Training Goals

1. Do you have a training goal? Yes No

a. Describe your training goal? Be specific _____

b. Reason you selected this training goal? _____

2. If you do not have a training goal, do you need assistance in selecting a training goal? Yes No

3. Have you selected a school? Yes No

What school/program _____

4. Have you previously enrolled in training funded through WIA? Yes No

If you answered no, go to question #6.

a. Name of school attended: _____ Dates attended: _____

b. Name of training program or course of study: _____

c. Did you complete the training? If yes, skip to question #5 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 received? Yes No

b. Name of employer: _____ Position: _____

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

7. Do you have a Georgia Work Ready Certificate? Yes No
If yes, what type? Bronze Gold Silver Platinum

Computer Skills

How would you rate your computer skills?

Also note any information that should be considered as the foundation for additional training.

Skill Level/Training	Version	None	Basic	Intermediate	Advanced	Formal Training
Microsoft Office	2003	2007				
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal/Work E-mail			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____						

Social Media Facebook Twitter LinkedIn None

Operating Systems (Windows, XP, Vista) _____

Programming Languages: _____

Current or previous IT Certifications: _____

Other Computer Skills/Experience/Training: _____

Name:	
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WIA Release of Information Consent /Certification & Acknowledgment

RELEASE INFORMATION FOR ELIGIBILITY	Initial Here
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I authorize the release of my information to the Career Advisor as necessary to determine my eligibility for the Workforce Investment Act (WIA) Adult & Dislocated Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS) and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION	Initial Here
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I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Career Advisor. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Career Advisor must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

RELEASE INFORMATION FOR EMPLOYMENT	Initial Here
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I authorize the release of my current and past employment information to the Career Advisor. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.

CERTIFICATION & ACKNOWLEDGMENT	Initial Here
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I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIA program activities and may be considered justification for dismissal if discovered at a later date.

I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

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

Please read carefully, initial each release/acknowledgment, sign and date.

Signature	Date:
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**WORKFORCE DEVELOPMENT SYSTEM
WIA REGISTRATION**

FOR STAFF USE ONLY

Date: _____
(Month/Day/Year)

NAME: _____ SSN: _____

1. For males between 18 and 26 years of age, registered for the draft with Selective Service?
 Yes No Exempt
2. Are there work limitations due to a disability? Yes No
3. Currently receiving a Pell Grant? Yes No

EMPLOYMENT

4. Is work history current? Yes No
(If no, work history information should be updated.)
5. Determine if the individual is a dislocated worker based on the following categories of dislocation. Check all that apply below.
 - A. Has been terminated or laid off, or has received a notice of termination or layoff from employment; ***and***
 is eligible for or has exhausted unemployment compensation; ***and***
 is unlikely to return to previous industry or occupation.
 - B. Has been terminated or laid off, or has received a notice of termination or layoff from employment; ***and***
 has shown attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or the employer was not covered under a State unemployment compensation law; ***and***
 is unlikely to return to a previous industry or occupation.
 - C. Has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at a plant, facility, or enterprise.
 - D. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days.
 - E. Was self-employed (including as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community or because of natural disasters.
 - F. Is a displaced homemaker.

6. Date of Dislocation: **Month** _____ **Day** _____ **Year** _____

(This only relates to the employer of dislocation, which may or may not be the last employer.)

YOUTH INFORMATION

14-21 years of age and:

7. An Offender? Yes No
8. Behind one grade level in school? Yes No
9. A Runaway Youth? Yes No
10. Pregnant or Parenting a Child? Yes No
11. Need assistance to complete an educational program or to secure and hold a job? Yes No
12. Have any other barriers to employment? _____

FAMILY INFORMATION (Required for all youth. May be locally required for adult services.)

13. Foster Child? Yes No
14. Homeless? Yes No
15. Receiving any of the following at this time:
- A. Temporary Assistance for Needy Families (TANF) Yes No
- B. General Assistance: Yes No
- C. Refugee Assistance: Yes No
- D. Supplemental Security Income (SSI) Yes No
16. Received food stamps at any time in the last six months? Yes No

COMPLETE QUESTIONS 17-19 **ONLY** IF THE ANSWER TO QUESTIONS 13-16 WERE ALL **NO**.

17. Number in Family (including customer): _____
18. Single Parent? Yes No
19. Family income for the last six months:

Family Member	Source of Income	6-Month Amount (to nearest dollar)
Customer		
	Total 6-Month Income	

Indicate the individual's eligibility for WIA services based on the information collected. Check all that apply.

- Dislocated Worker Older Youth (19-21) Younger Youth (14-18) Adult

WORKFORCE DEVELOPMENT SYSTEM

SERVICE REQUEST

Social Security Number: _____

Name: _____

Email Address: _____

Please check any of these services that would be helpful to you:

Finding a Job

- Find Job Leads
- Use the Internet to find Job Leads
- Use the Telephone to find Job Leads
- Resumes and Cover Letters
- Job Applications
- Interviewing Skills
- Information about Employers
- Information about Industries

Choosing the Right Job

- Identify my Skills
 - Explore Careers
 - Learn about Wages
 - Find Outlook for Jobs
 - Set Goals
- Assess my:
- Typing Speed
 - Job Interest
 - Job Aptitudes

Succeeding on a Job

- Tips on Keeping a Job
- Tips for Advancing on a Job
- Improving my Skills

Seeking Advancement

- Training/Education Goals
- Schools
- Financial Aid
- Exploring "Hot" Jobs

Additional Assistance

- Housing, Food Shelter
- Clothing
- Health
- Transportation
- Childcare
- Bonding
- Self-Employment
- Financial/Stress Management
- Other _____