

Orientation

Thank you for your inquiry into Workforce Innovation and Opportunity Act (WIOA) services. During the orientation process, a Case Manager will provide you with information regarding eligibility and the services available to those who qualify for services. Included in this packet are the Orientation documents needed to determine your eligibility for the program. A Case Manager will review each form with you during the orientation session. Be sure to complete all forms, sign and date each document on the day of your orientation.

Documents Required

- Valid Driver's License, State issued ID card, Military ID or Passport (a state issued photo ID)
- Original SIGNED Social Security Card (Name on ID and Social must match)
- Social Security numbers of all household members
- Proof of Selective Service registration for males (www.sss.gov/Home/Verification)
- Birth Certificates and Social Security Card for any children under 12 in need of childcare
- Childcare facility license and fees
- Current documentation of Public Assistance (food stamps, SSI, SSA, TANF) amount
- High School Diploma, GED, Post High School certifications, diploma or degrees
- Separation notice or unemployment letter from the GDOL (GA, AL, FL etc.)
- DD214, if applicable
- Last 6 months of check stubs, most recent (last 3 check stubs) for participant and spouse if applicable

Industries with the Most Expected Job Growth

Nearly 100 industry subsectors were analyzed to identify the 20 expected to have the most job growth in Georgia from 2021-2023. The 20 industries in the chart below represent well over three-fourths of the total job growth in all industry subsectors in Georgia during the projected period. The base employment, projected employment, and total job growth are listed for each industry.

Industry	2021 Base Employment	2023 Projected Employment	Employment Change
Educational Services	375,580	393,780	18,200
Management of Companies & Enterprises	85,260	101,740	16,480
Food Services & Drinking Places	343,440	359,030	15,590
Administrative & Support Services	294,550	310,100	15,550
Merchant Wholesalers, Durable Goods	106,110	119,500	13,390
Ambulatory Health Care Services	235,940	248,820	12,880
Warehousing & Storage	65,820	76,470	10,650
Hospitals	180,380	190,040	9,660
Merchant Wholesalers, Nondurable Goods	57,090	63,680	6,590
Accommodation, including Hotels & Motels	33,480	39,860	6,380
Professional, Scientific, & Technical Services	267,760	273,860	6,100
Specialty Trade Contractors	119,750	125,850	6,100
Social Assistance	73,950	79,440	5,490
Local Government, Exc Education & Hospitals	144,820	149,700	4,880
Food & Beverage Stores	96,760	101,450	4,690
Building Material & Garden Equipment & Supplies Dealers	43,530	47,990	4,460
Amusement, Gambling, & Recreation Industries	32,270	36,580	4,310
Nursing & Residential Care Facilities	58,650	62,870	4,220
Support Activities for Transportation	35,540	39,730	4,190
Motor Vehicle & Parts Dealers	65,720	69,710	3,990

Top Five Occupations within Industries with the Most Job Growth

Educational Services: elementary school teachers, except special education; middle school teachers, except special and career/technical education; teaching assistants, except postsecondary; secondary school teachers, except special and career/technical education; teachers and instructors, all other, except substitute teachers

Management of Companies and Enterprises: software developers and software quality assurance analysts and testers; project management specialists and business operations specialists, all other; personal service managers; entertainment & recreation managers, except gambling; and managers, all other; financial and investment analysts, financial risk specialists, and financial specialists, all other; engineers, all other

Food Services and Drinking Places: fast food and counter workers; waiters and waitresses; cooks, restaurant; first-line supervisors of food preparation and serving workers; cooks, fast food

Administrative and Support Services: laborers and freight, stock, and material movers, hand; janitors and cleaners, except maids and housekeeping cleaners; security guards; customer service representatives; landscaping and groundskeeping workers

Continued on the back panel

Top Five Occupations within Industries with the Most Job Growth continued

Merchant Wholesalers, Durable Goods: sales representatives, wholesale and manufacturing, except technical and scientific products; laborers and freight, stock, and material movers, hand; shipping, receiving, and traffic clerks; general and operations managers; light truck or delivery services drivers

Ambulatory Health Care Services: Medical assistants; home health and personal care aides; registered nurses; medical secretaries; receptionists and information clerks

Warehousing and Storage: laborers and freight, stock, and material movers, hand; industrial truck and tractor operators; stockers and order fillers; shipping, receiving, and traffic clerks; heavy and tractor-trailer truck drivers

Hospitals: registered nurses; nursing assistants; clinical laboratory technologists and technicians; healthcare support workers, all other; licensed practical and licensed vocational nurses

Merchant Wholesalers, Nondurable Goods: sales representatives, wholesale and manufacturing, except technical and scientific products; laborers and freight, stock, and material movers, hand; heavy and tractor-trailer truck drivers; light truck or delivery services drivers; driver/sales workers

Accommodation, including Hotels and Motels: maids and housekeeping cleaners; hotel, motel, and resort desk clerks; maintenance and repair workers, general; waiters and waitresses; lodging managers

Professional, Scientific, and Technical Services: software developers and software quality assurance analysts and testers; accountants and auditors; lawyers; paralegals and legal assistants; management analysts

Specialty Trade Contractors: electricians; construction laborers; heating, air conditioning, and refrigeration mechanics and installers; first-line supervisors of construction trades and extraction workers; plumbers, pipefitters, and steamfitters

Social Assistance: home health and personal care aides; childcare workers; preschool teachers, except special education; teaching assistants, except postsecondary; teachers and instructors, all other, except substitute teachers

Local Government, Excluding Education and Hospitals: police and sheriff's patrol officers; firefighters; first-line supervisors of police and detectives; correctional officers and jailers; recreation workers

Food and Beverage Stores: cashiers; stockers and order fillers; food preparation workers; retail salespersons; packers and packagers, hand

Building Material and Garden Equipment and Supplies Dealers: retail salespersons; cashiers; stockers and order fillers; customer service representatives; laborers and freight, stock, and material movers, hand

Amusement, Gambling, and Recreation Industries: amusement and recreation attendants; fitness trainers and aerobics instructors; landscaping and groundskeeping workers; customer service representatives; waiters and waitresses

Nursing and Residential Care Facilities: nursing assistants; home health and personal care aides; licensed practical and licensed vocational nurses; registered nurses; maids and housekeeping cleaners

Support Activities for Transportation: heavy and tractor-trailer truck drivers; laborers and freight, stock, and material movers, hand; cargo and freight agents; customer service Representatives; sales representatives of services, except advertising, insurance, financial services, and travel

Motor Vehicle and Parts Dealers: automotive service technicians and mechanics; retail salespersons; parts salespersons; light truck or delivery services drivers; first-line supervisors of retail sales workers

2021 - 2023

Short-term Employment Projections



Georgia jobs expected to be in highest demand over the next two years

Georgia
DOL
DEPARTMENT OF LABOR
Mark Butler, Commissioner

Workforce Statistics & Economic Research

GEORGIA'S TOP JOBS BY EDUCATION AND MOST EXPECTED ANNUAL OPENINGS FOR 2021-2023

Over the 2021-2023 projection period, Georgia is forecasted to add jobs to its economy at the rate of 2.24 percent annually. The job growth comes after the state battled through the worse of the COVID-19 pandemic. This two-year job projection is relatively strong with most major industries in the state adding workers through 2023.

Over this short-term projection period, we project that nearly 202,000 occupational separations will arise each year due to labor force exits. We also estimate that about 316,000 occupational separations will occur each year because of occupational transfers. Labor force exits are workers who leave the labor force permanently and includes retirees while occupational transfers leave a job for a different occupation. During this 2021-2023 projection cycle, Georgia occupational openings (sum of net employment change and occupational separations) will top 623,000 annually while total employment is projected to increase by nearly 211,000 from 2021-2023.

This brochure lists jobs that will be in most demand from 2021- 2023. Tables show occupations with the most annual occupational openings by education level. Annual occupational separations from labor force exits and occupational transfers, along with annual wages from the 2021 Edition of Georgia Wage Estimates, are also displayed. Shown lastly are industries with the most job growth and the main occupations within them.

Doctoral or Professional Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Lawyers	490	550	1,380	\$145,900
Postsecondary Teachers, All Other	430	450	1,080	\$80,000
Health Specialties Teachers, Postsecondary	250	270	740	\$127,300
Pharmacists	170	180	520	\$123,600
Physical Therapists	130	140	480	\$92,500
Medical Scientists, Exc Epidemiologists	30	130	220	\$78,800
Dentists, General	60	30	150	\$182,900
Nursing Instructors & Teachers, Postsecondary	40	50	130	\$75,000
Business Teachers, Postsecondary	50	50	120	\$89,800
English Language & Lit Teachers, Postsecondary	50	50	120	\$63,900

Master's Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Ed, Guidance, School, & Vocational Counselors	300	540	1,080	\$60,600
Nurse Practitioners	200	300	1,080	\$110,500
Instructional Coordinators	330	290	790	\$68,700
Education Admin, Elementary & Secondary School	190	350	710	\$99,300
Physician Assistants	90	220	520	\$108,400
Healthcare Social Workers	110	240	450	\$53,800

Master's Degree Continued

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Speech-Language Pathologists	90	140	400	\$81,300
Occupational Therapists	70	110	290	\$92,500
Education Administrators, Postsecondary	50	100	200	\$128,600
Counselors, All Other	60	110	200	\$51,100

Bachelor's Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
General & Operations Managers	1,610	4,980	8,770	\$118,400
Registered Nurses	2,170	2,040	6,260	\$74,400
Accountants & Auditors	1,040	2,210	4,070	\$86,800
Elementary School Teachers, Exc Special Education	1,340	1,740	4,060	\$63,700
Market Research Analysts & Marketing Specialists	510	1,570	2,960	\$72,000
Middle School Teachers, Exc Spec & Career/Tech Ed	930	1,220	2,840	\$63,600
Human Resources Specialists	590	1,440	2,660	\$65,300
Management Analysts	670	1,190	2,380	\$99,200
Secondary School Teachers, Exc Spec & Career/Tech Ed	670	1,020	2,270	\$64,400
Financial Managers	380	940	2,020	\$148,300

Associate's Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Preschool Teachers, Exc Special Education	470	670	1,510	\$36,100
Paralegals & Legal Assistants	460	800	1,430	\$56,300
Radiologic Technologists	160	250	550	\$60,500
Physical Therapist Assistants	130	220	490	\$61,400
Electrical & Electronics Engineering Techs	110	220	410	\$70,300
Respiratory Therapists	100	120	410	\$59,000
Chemical Technicians	50	230	380	\$54,100
Human Resources Assistants, Exc Payroll & Timekeeping	100	150	290	\$43,900
Veterinary Technologists & Technicians	90	140	280	\$35,600
Diagnostic Medical Sonographers	70	110	270	\$63,500

For more information contact Workforce Statistics & Economic Research
 at (404) 232-3875 • Fax (404) 232-3888
 • Email: Workforce_Info@gdol.ga.gov

Postsecondary Nondegree Award

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Heavy & Tractor-Trailer Truck Drivers	2,940	4,870	10,130	\$50,900
Medical Assistants	1,190	2,160	4,190	\$36,900
Automotive Service Technicians & Mechanics	690	1,570	2,590	\$46,800
Licensed Practical & Licensed Vocational Nurses	810	1,000	2,440	\$46,500
Hairdressers, Hairstylists, & Cosmetologists	670	710	1,480	\$37,700
Heating, Air Cond, & Refrig Mechanics & Installers	290	760	1,340	\$48,000
Telecom Equip Installers & Repairers, Exc Line Installers	330	730	1,330	\$59,800
Dental Assistants	410	630	1,230	\$44,200
Firefighters	250	580	1,040	\$41,400
Phlebotomists	220	370	760	\$36,100

Some College, No Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Bookkeeping, Accounting, & Auditing Clerks	2,250	1,960	4,780	\$44,600
Computer, Auto Teller, & Office Machine Repairers	100	260	430	\$41,100
Order Clerks	100	140	260	\$38,600

High School Diploma or Equivalent

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Customer Service Representatives	5,190	8,680	15,910	\$36,600
Office Clerks, General	3,960	4,310	9,280	\$36,700
Secretaries & Admin Assistants, Exc Legal, Medical, & Executive	3,290	3,610	7,440	\$36,400
Sales Reps, Wholesale & Manufacturing, Exc Tech & Scientific Products	1,310	3,000	6,010	\$75,400
Supervisors of Food Prep & Serving Workers	1,480	3,380	5,740	\$36,200
Supervisors of Office & Admin Support Workers	1,680	2,760	5,300	\$60,300
Light Truck or Delivery Services Drivers	1,450	2,400	5,010	\$41,400
Maintenance & Repair Workers, General	1,480	2,440	4,890	\$41,600
Supervisors of Retail Sales Workers	1,510	2,960	4,880	\$47,100
Security Guards	1,580	2,310	4,750	\$32,400



Georgia's HOT Careers to 2028

The careers in this chart have it all!

Skills and Abilities

- advanced skills required
- m moderate skills required

Work Activities

- frequently found
- m occasionally found

HOT jobs have faster than state annual average job growth, above the state annual average wage, and have at least 400 annual openings.

Skills and Abilities										Work Activities					Occupational Characteristics			
Critical Thinking/Problem Solving	Judgement & Decision Making	Service Oriented/Instructing	Listening/Reading	Oral Expression/Comprehension	Dexterity/Arm-Hand Steadiness	Reasoning	Written Expression/Comprehension	Assisting & Caring for Others	Coaching/Training & Teaching Others	Communicating Outside Organization	Control Machines/Inspect Organization	Interacting With Computers	Monitor Processes, Matrls, Surrounds	Process/Analyze Data or Information	Schedule/Organiz, Plan, & Prioritiz Wrk	Thinking Creatively	2019 Edition - Georgia Wage Estimates	2018-28 Annual Openings

Doctoral or professional degree																			
Health Specialties Teachers, Postsec	●	●	●	●	●	●	●	●	●	●	m	●	●	m	●	●	●	\$113,900	710
Pharmacists	●	●	●	●	●	m	●	●	●	●	m	●	●	●	●	m	●	\$113,200	630
Physical Therapists	m	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$82,300	440
Physicians & Surgeons, All Other	m	●	●	●	●	●	●	●	m	●	●	●	●	●	●	m	●	\$224,200	570
Master's degree																			
Education Administrators, Elem & Sec	●	●	●	●	●	●	●	●	●	●	m	●	●	●	●	●	●	\$91,200	810
Educational, Guidance, School, & Voc Counselors	●	●	●	●	●	●	●	●	m	●	●	●	●	●	●	●	●	\$53,900	1,430
Healthcare Social Workers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	m	●	●	\$50,600	450
Instructional Coordinators	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	m	●	\$63,700	1,340
Nurse Practitioners	●	●	●	●	●	●	●	●	●	●	m	●	●	●	●	●	●	\$101,800	660
Physician Assistants	●	●	●	●	●	m	●	●	●	m	●	●	●	●	●	m	●	\$98,400	410
Bachelor's degree																			
Accountants & Auditors	●	●	●	●	●	m	●	●	●	●	●	●	●	●	●	●	●	\$71,900	4,890
Administrative Services Managers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$110,000	910
Architectural & Engineering Managers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$134,700	410
Business Operations Specialists, All Other	m	●	m	●	●	●	●	●	m	●	m	●	●	m	●	●	●	\$71,100	4,340
Civil Engineers	●	●	m	●	●	●	●	●	●	●	m	●	●	●	●	●	●	\$77,400	860
Clinical Lab Technologists & Technicians	●	●	●	m	●	●	●	●	●	●	●	●	●	m	●	m	●	\$48,000	980
Computer & Information Systems Managers	●	●	m	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$136,300	1,310
Computer Occupations, All Other	●	●	m	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$86,000	1,930
Elementary School Teachers, Exc Spec Ed	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$53,800	5,060
Engineers, All Other	●	●	m	●	●	●	●	●	●	●	m	●	●	●	●	m	●	\$89,300	400
Financial Analysts	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	m	●	\$79,900	790
Financial Managers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$138,200	2,040
Financial Specialists, All Other	●	●	m	●	●	●	●	●	●	●	●	●	●	●	●	m	●	\$81,100	530
General & Operations Managers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$107,400	8,960
Human Resources Managers	m	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$120,000	570
Human Resources Specialists	m	●	m	m	●	●	●	●	●	●	●	●	●	●	●	●	●	\$57,100	2,450
Industrial Engineers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$82,200	680
Industrial Production Managers	●	●	m	●	●	●	●	●	●	●	m	●	●	●	●	●	●	\$98,600	440
Kindergarten Teachers, Exc Spec Ed	●	●	m	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$51,600	590
Loan Officers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$71,100	790
Logisticians	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$67,100	800
Management Analysts	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$88,600	2,980
Market Research Analysts & Marketing Spec	●	●	●	●	m	●	●	●	●	●	●	●	●	●	●	●	●	\$63,500	2,890

✓ Fast job growth ✓ Above average wages ✓ At least 400 expected annual job openings



Georgia's Careers to 2028

The careers in this chart have it all!

Skills and Abilities

- advanced skills required

m moderate skills required

Work Activities

- frequently found

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Skills and Abilities										Work Activities					Occupational Characteristics			
Critical Thinking/Problem Solving	Judgement & Decision Making	Service Oriented/Instructing	Listening/Reading	Oral Expression/Comprehension	Dexterity/Arm-Hand Steadiness	Reasoning	Written Expression/Comprehension	Assisting & Caring for Others	Coaching/Training & Teaching Others	Communicating & Teaching Others	Control Machines/Inspect Equipment	Interacting With Computers	Monitor Processes, Materials, Surroundings	Physical Acts/Handle-Move Objects	Schedule/Organize Data or Information	Thinking Creatively	2019 Edition - Georgia Wage Estimates	2018-28 Annual Openings

<i>Bachelor's degree continued</i>																			
Marketing Managers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$136,100	850
Mechanical Engineers	●	●	m	●	●	●	●	●	m	●	m	●	●	●	m	●	●	\$81,000	400
Medical & Health Services Managers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$105,900	1,080
Meeting, Convention, & Event Planners	●	●	●	●	●	●	●	●	●	m	●	●	m	●	●	●	●	\$48,200	420
Middle Schl Teachers, Exc Spec & Career/Tech Ed	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$55,500	2,310
Personal Financial Advisors	m	●	●	●	●	●	m	●	●	●	●	●	●	●	●	●	●	\$115,000	610
Producers & Directors	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$80,700	700
Public Relations Specialists	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$59,200	660
Registered Nurses	●	●	●	●	●	●	●	●	●	●	m	●	●	●	●	●	●	\$65,800	6,340
Sales Managers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$133,400	1,620
Secondary Schl Teachers, Exc Spec & Career/Tech Ed	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$55,400	2,500
Securities, Commodities, & Financial Svcs Sales Agents	●	●	m	●	●	●	●	●	m	●	●	●	●	●	●	●	●	\$72,300	1,080
Social & Community Service Managers	●	●	●	m	●	●	●	●	●	●	●	●	●	●	●	●	●	\$62,500	450
Software Developers, Applications	●	●	●	●	●	●	●	●	m	●	●	●	●	●	m	●	●	\$100,400	2,980
Training & Development Specialists	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$61,000	1,210
<i>Associate's degree</i>																			
Computer Network Support Specialists	●	●	●	●	●	m	●	●	●	●	m	●	●	●	●	●	●	\$67,600	630
Dental Hygienists	m	●	●	●	●	●	●	●	●	m	●	●	●	●	m	●	●	\$62,600	590
Paralegals & Legal Assistants	m	●	m	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$51,600	1,230
Physical Therapist Assistants	m	●	●	m	●	●	●	●	●	●	m	●	●	m	●	m	●	\$49,800	440
Radiologic Technologists	●	●	m	●	●	●	●	●	●	●	m	●	●	m	●	m	●	\$54,100	480
Respiratory Therapists	●	●	●	m	●	●	●	●	●	●	●	●	●	●	●	●	●	\$54,900	430
<i>Postsecondary non-degree award</i>																			
Telecom Equip Installers & Repairers, Exc Line Installers	●	●	●	●	●	●	●	m	●	m	●	●	m	●	m	●	●	\$50,700	1,300
<i>Some college, no degree</i>																			
Computer User Support Specialists	●	●	●	●	●	m	●	●	m	●	m	●	●	●	m	●	●	\$50,600	2,200
<i>High school diploma or equivalent</i>																			
Food Service Managers	●	●	●	m	●	●	●	●	●	●	m	●	●	m	●	●	●	\$49,900	1,850
Industrial Machinery Mechanics	●	●	●	m	●	●	●	m	●	●	●	●	●	●	●	●	●	\$47,100	1,470
Insurance Sales Agents	●	●	m	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$56,300	1,500
Plumbers, Pipefitters, & Steamfitters	●	●	●	●	●	●	●	m	m	●	●	●	●	m	●	●	●	\$45,600	1,570
Production, Planning, & Expediting Clerks	●	●	●	●	●	●	●	●	m	●	m	●	●	●	●	●	●	\$46,100	1,110
Sales Reps, Services, All Other	●	●	●	●	●	●	●	●	m	●	●	●	●	●	●	●	●	\$58,400	5,260
Sales Reps, Wholesale & Mfg, Exc Tech & Scientific Products	m	●	m	●	●	●	●	●	●	●	●	●	●	●	●	●	●	\$60,600	5,750
Suprvs of Transp & Material Mvg Wrks, Exc Aircraft Cargo	●	●	m	●	●	●	●	●	●	●	●	●	●	●	m	m	●	\$50,000	2,100

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For more information, please contact Workforce Statistics & Economic Research at (404) 232-3875 • Fax (404) 232-3888
Email: Workforce_Info@gdol.ga.gov

WIOA Services are available at the following Career Centers

Griffin Career Center
1514 Hwy. 16 West
Griffin, GA 30223
770-228-7226

LaGrange Career Center
1002 Longley Place
LaGrange, GA 30240
706-845-4000

West GA Technical College
Campus Central Educaion
160 M.L.K. Jr Drive
Newnan, GA 30263
678-821-3800

Carroll Career Center
275 Northside Drive
Carrollton, Ga 30116
770-836-6668

We envision employees with quality jobs and employers with qualified employees.

The Workforce Investment Board exists to support and promote workforce development and job development to meet the needs of employers and employees in our region.



How May We Help You?



Plan your career and succeed!

Workforce Development TRRC
1210 Greenbelt Drive
Griffin, GA 30224
770-229-9799
www.threeriversrc.com
Toll Free TTY: 1-800-255-0056 for the hearing impaired

This is an Equal Employment Opportunity Program
Auxiliary Aids & Services are Available Upon Request

Three Rivers



Connecting Talent with Opportunity
A proud partner of the American Job Center network



Who is Eligible

The Workforce Innovation & Opportunity Act (WIOA) provides funding for services to adults, dislocated workers, and youth.

We service the counties of Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup and Upson.

For Employers, We Assist With:

- On The Job Training
- Work Experience
- Pre-Qualified Candidates
- Incumbent Worker Training
- Skilled Workforce Recruitment



For Eligible Persons, We Provide:

- Intensive Job Search Assistance
- Individualized Career Counseling
- Budgeting and Financial Planning
- Vocational Assessments
- Resume Preparation
- Assistance with Costs Associated with Training, such as:
 - Tuition
 - Books
 - Required Equipment
 - Uniforms
 - Daily Travel Allowance and Childcare Needs

For Eligible Youth, We Provide:

- Tutoring & Mentoring
- Leadership Development
- Work Experience
- Community Service
- Financial Literacy
- GED

Let us help you

- Identify skills that are required in today's workforce.
- Identify where the jobs are.
- Identify training programs that will prepare you to meet the needs of today's careers and employers.



Workforce Development TRRC works in partnership with the Georgia Department of Labor to provide WIOA services in the following counties:

BUTTS CARROLL

COWETA HEARD

LAMAR MERIWETHER

PIKE SPALDING

TROUP UPSON

For more information about WIOA Services contact a representative at one of the following Career Centers:

Carroll Career Center
275 Northside Drive
Carrollton, Ga 30116
(770) 836-6668

Griffin Career Center
1514 Hwy. 16 West
Griffin, GA 30223
770-228-7226

LaGrange Career Center
1002 Longley Place
LaGrange, GA 30240
706-845-4000

West GA Technical College
Campus Central Educaion
160 M.L.K. Jr Drive
Newnan, GA 30263
678-821-3800

For more informaion regarding Workforce Development Business Services, including OJT, Incumbent Worker Training, and Customized Training please call 770.229.9799.

For more information please contact:

Workforce Development TRRC

1210 Greenbelt Drive
Griffin, GA 30224
770-229-9799
www.threeriversrc.com

Toll Free TTY: 1-800-255-0056 for the hearing impaired



On the Job Training



Plan your career and succeed!

Three Rivers



Connecting Talent with Opportunity
A proud partner of the AmericanJobCenter network

This is an Equal Employment Opportunity Program
Auxiliary Aids & Services are Available Upon Request



Employer Benefits

- No cost for OJT Services.
- Receive up to 75% for reimbursement of trainees' hourly wages.
- Make all hiring decisions.
- Save recruiting, screening and training costs.
- Tailor all training.
- Length of training can last up to 6 months.
- Increase cash flow and profits.

Businesses That Qualify

- Have year-round operations;
- Have not recently experienced layoffs;
- Pay an hourly wage or salary



You Hire- You Train- We Pay

- On-the-Job Training (OJT) is a federally funded program that helps employers hire and train individuals for long-term employment.
- OJT is a method of providing individualized occupational skills training for Dislocated Workers and WIOA eligible customers.
- For businesses, the OJT program assists with providing training in demand occupations to meet the needs of the employer.
- For trainees, the OJT program places participants in occupations that will enhance their prospects for long-term employment.
- OJT involves the acquisition of specific skills and employment competencies through exposure in an actual work setting.

OJT Requirements

- Full-time employment is generally required.
- Trainees receive the same wages and benefits as other employees holding the same or similar positions.
- Trainees abide by the same company policies as other employees.
- Training agreement must be approved before trainees begin to work.
- Employers must have Worker's Compensation or approved on-site liability insurance.
- Trainees must meet Workforce Innovation & Opportunity Act (WIOA) eligibility requirements.

Frequently Asked Questions

Q: Is there a funding limit for this program?

A: The maximum funding under an OJT contract shall not exceed \$12,000 per participant.

Q: Can participants in this program be parttime?

A: No, OJT employees must be offered the opportunity to work a minimum of 32 hours per week during the training period.

Q: Is overtime, paid holidays, annual, sick or other leave reimbursed?

A: No, the program will only fund regular worked hours.

Q: Is there an eligibility requirement for the training candidates?

A: Yes, candidates must have been determined eligible by Workforce Development through either income or dislocated status.

Q: Is there funding to pay for pre-employment testing?

A: Not at this time.

Q: When will reimbursements be issued?

A: Payment will be provided within 30 days of correct invoice submission to Workforce Development.

Q: What if a trainee does not work out?

A: Ultimately, you determine whether the new hire is successful and retained on the job. An OJT is entered into with the expectation that the employer will hire the trainee at the conclusion of the contract but it is never a guarantee. Workforce Development will provide continued assistance and intervention when and as needed to ensure the OJT is mutually beneficial for all.

Babel Notice Vital Information

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (770) 229-9799** for assistance in the translation and understanding of the information in this document.

Spanish

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (770) 229-9799** para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional

重要須知！ 本文件包含**重要資訊**，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電**(770) 229-9799** 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese

LƯU Ý QUAN TRỌNG! Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (770) 229-9799** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog

MAHALAGA! Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (770) 229-9799** upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

French

IMPORTANT! Le présent document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. **Appelez au (770) 229-9799** pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole

ENPÒTAN! Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele (770) 229-9799** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese

IMPORTANTE! Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (770) 229-9799** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic

مهم تامل مع! **229-9799 (770)** **مقرلا ىلع لصنا.**

Russian

ВАЖНО! В настоящем документе содержится **важная информация** о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. **Позвоните по телефону (xxx) xxx-xxxx** для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean

중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 **중요한 정보**를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **(770) 229-9799로 전화하여** 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

DRUG-FREE WORKPLACE

Three Rivers Workforce Development Board recognizes that a drug-free workplace encourages employee productivity and promotes the accomplishment of the agency's mission and goals. In accordance with the Drug-Free Workplace Act of 1988 and the state Drug Free Public Workforce Act of 1990. The THREE RIVERS WORKFORCE DEVELOPMENT BOARD hereby declares that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, marijuana or dangerous drug is prohibited for all THREE RIVERS WORKFORCE DEVELOPMENT BOARD supported employees at any anytime. Possession, use and distribution of alcohol on any THREE RIVERS WORKFORCE DEVELOPMENT BOARD premises or at any WORKSOURCE THREE RIVERS activity is prohibited.

For purposes of this policy, the following definitions shall apply. A controlled substance is defined as those drugs or substances listed in schedules I through V of the federal Controlled Substance Act, including but not limited to marijuana, cocaine, heroin, opiates, and amphetamines. Not included are substances used in accordance with a valid prescription. The workplace is defined as a geographic location at which an employee performs work pursuant to his or her employment with the THREE RIVERS WORKFORCE DEVELOPMENT BOARD, including any travel while in travel status. A dangerous drug is any drug or substance defined as such in O.C.G.A. 16-13-71. Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence or both by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes. A criminal drug statute is defined as a federal or non-federal criminal statute involving the manufacture, distribution, dispensing, used of possession of any controlled substance, marijuana, or dangerous drug. Employee includes an employee of a contractor directly engaged in the performance of work under a contract with the THREE RIVERS WORKFORCE DEVELOPMENT BOARD. Individual means an offeror/contractor that has no more than one employee including the offeror/contractor.

Each employee shall be given a copy of this policy. As a condition of employment, employees will abide by the terms of this policy and shall notify the agency Director in writing of any criminal drug statute conviction not later than five calendar days after such conviction. The THREE RIVERS WORKFORCE DEVELOPMENT BOARD shall notify the appropriate federal agency within 10 days after receiving notice of the conviction from the employee or otherwise after receiving the actual notice of such conviction.

Within 30 days of notification by the employee or otherwise receiving actual notice of such conviction, the THREE RIVERS WORKFORCE DEVELOPMENT BOARD shall, with respect to any employee so convicted:

- Take appropriate personnel action against such an employee, up to and including termination; or
- Require such employee, as a condition of further employment, to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such

purposes by a federal, state, or local health, law enforcement or other appropriate agency.

The Executive Director shall develop a drug-free awareness program to inform employees of the following:

- The danger of drug abuse.
- THREE RIVERS WORKFORCE DEVELOPMENT BOARD policy Drug-Free Workforce and any accompanying department administrative procedures concerning the maintenance of a drug-free workplace.
- Any available drug counseling, rehabilitation and employee assistance programs.
- Any penalties to be imposed upon employees for drug abuse violations occurring in the workplace.

Entities contracting with THREE RIVERS WORKFORCE DEVELOPMENT BOARD shall, as a condition of the contract, assure a drug-free workplace. For contracts a drug-free workplace means a geographic location at which individuals are directly engaged in the performance of work pursuant to a contract with the THREE RIVERS WORKFORCE DEVELOPMENT BOARD. Ref. O.C.G.A. 20-2-11; 16-13-71; 45-23-1 et seq. 21 U.S.C. 812

This is to certify that I have received a copy of and read the WORKSOURCE THREE RIVERS BOARD Drug Free Workforce Policy. As a condition of employment, I will abide by the terms of this policy and shall notify the Director of any criminal drug statute conviction not later than five days after such conviction.

Complaint & Grievance Procedures & Equal Opportunity Policy

For Applicants and Participants

DEFINITIONS

A **complaint** is an allegation of discrimination on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, or participation in the program, and is covered by the nondiscrimination and equal opportunity provisions at 29 CFR 37.30. An allegation of retaliation, intimidation or reprisal for taking action or participating in any action to secure rights protected under Workforce Innovation and Opportunity Act (WIOA) will be processed as a **complaint**.

A **grievance** is a complaint about services, working conditions, wages, work assignment, etc., arising in connection with (WIOA) programs operated by WIOA recipients including service providers, eligible training providers, and other contractors.

GENERAL POLICY

Individuals applying for or receiving services through the WIOA Title I paid for by Three Rivers Regional Commission Workforce Development (TRRCWD) and/or the Three Rivers Regional Commission Board will be treated fairly. If any individual, group or organization has a complaint, the problem should first be discussed informally between those involved before a grievance is filed. Grievances should be filed in accordance with the written procedures established by TRRCWD. Signed and dated grievance forms will be included in all participant case files. **If you believe you have been harmed by the violation of the Workforce Innovation and Opportunity Act or regulations of the program, you have the right to file a grievance.**

EQUAL OPPORTUNITY POLICY

TRRCWD adheres to the following United States law: It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of WIOA, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. References include: USDOL Regulations Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act of 2014.

COMPLAINTS OF DISCRIMINATION

TRRCWD is prohibited from discriminating on the grounds of race, color, religion, national origin, age, sex, disability, political affiliation, or belief and for beneficiaries only, citizenship or participation in programs funded under WIOA, in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA funded program or activity.



If you think that you have been subjected to discrimination under a WIOA funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the TRRCWD, Equal Opportunity Officer, Mandy Nicholson, 120 N Hill Street, Griffin, Ga. 30224, (678-692-0510), mnicholson@threeriversrc.com

If you elect to file your complaint with the Technical College Systems of Georgia, Office of Workforce Development, you must wait until the TRRCWD issues a decision or until 30 days have passed, whichever is sooner, before filing with TCSG, Office of Workforce Development
Attention: Compliance & Legal Affairs Director David Dietrichs
1800 Century Place N.E., Suite 150, Atlanta, GA 30345
Phone (404) 679-1371 Fax: (404) 679-5460 TTY/TDD 1-800-255-0056.
Submissions should be sent to wioacompliance@tcsgeu.edu
<http://www.dol.gov/oasam/programs/crc/Cife.pdf>.

If TRRCWD has not provided you with a written decision within 30 days of the filing of the complaint, you need not wait for a decision to be issued. You may file a complaint with TCSG, Office of Workforce Development within 30 days of the expiration of the 30-day period. If you are dissatisfied with TRRCWD resolution of your complaint, you may file a complaint with TCSG, Office of Workforce Development. Such complaint must be filed within 30 days of the date you received notice of TRRCWD's proposed resolution.

Complaints may also be filed with the Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210. Or at the website below
<http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm>

COMPLAINTS OF FRAUD, ABUSE, OR OTHER ALLEGED CRIMINAL ACTIVITY

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the Office of Inspector General, U.S. Department of Labor, at 1-866-435-7644 or inspector.general@oig.ga.gov. Complaint & Grievance Procedures & Equal Opportunity Policy Rev. 09/2015 Equal Opportunity Employer/Program Auxiliary Aides & Services Are Available Upon Request to Individuals with Disabilities.

COMPLAINTS AGAINST PUBLIC SCHOOLS

If the complaint is not resolved informally and it involves public schools of the State of Georgia, the grievance procedure will comply with WIOA and OCGA 20-2-1160.

FILING A GRIEVANCE (VIOLATIONS OF THE ACT OR REGULATIONS)

A **grievance** is a complaint about customer service, working conditions, wages, work assignment, etc., arising in connection with WIOA Title I funded programs operated by WIOA recipients including service providers, eligible training providers, one-stop partners and other contractors.



FILING A GENERAL GRIEVANCE (violations of the act or regulations not alleging discrimination)

Who May File: Any person, including WIOA program participants, applicants, staff, employers, board members or any other interested parties who believes they have received unfair treatment in a WIOA Title I funded program.

Any person may attempt to resolve all issues of unfair treatment by working with the appropriate manager and/or supervisor and staff member, service provider, or one-stop partner involved informally prior to a written grievance being filed.

All complaints as described in the previous definition may be filed within one hundred twenty (120) days after the act in question by first completing and submitting a written statement or completing the General Grievance Form to:

WIOA Equal Opportunity Officer, Mandy Nicholson
Three Rivers Regional Commission
P.O. Box 818
120 North Hill Street
Griffin, GA 30224

The written statement must include

Complaints filed with TRRCWD must contain the following:

- A. The full name, telephone number, email (if any), and address of the person making the complaint.
- B. The full name, address and email of the person or organization against whom the complaint is made.
- C. A clear but brief statement of the facts including the date(s) that the alleged violation occurred, including the identification of all relevant parties.
- D. Relief requested.
- E. Complainant's signature and date.

For the grievance submission form, see website: <http://www.threeriversrc.com>

A complaint will be considered to have been filed when TRRCWD receives from the complainant a written statement, including information specified above which contains sufficient facts and arguments to evaluate the complaint.

Upon receipt of the complaint, if the TRRCWD WIOA Equal Opportunity Officer determines that it does not have jurisdiction over a complaint, it must notify the complainant, in writing within five business days of making such determination.



This Notice of Lack of Jurisdiction must include:

- (a) A statement of the reasons for that determination; and
- (b) Notice that the complainant has a right to file a complaint with CRC within 30 days of the date on which the complainant receives the Notice.

Upon receipt of the complaint, the TRRCWD WIOA Equal Opportunity Officer will initiate efforts with the complainant and others involved to bring about a resolution as soon as possible. This will include a meeting of all parties with the hope of reaching a mutually satisfactory resolution. If the complaint has not been resolved to the satisfaction of the complainant within thirty (30) days, the TRRCWD WIOA Equal Opportunity Officer will arrange appointment of a hearing officer to conduct a hearing for settlement of the complaint to be held within sixty (60) days of grievance filing.

Hearing Process

A hearing on any complaint filed shall be conducted as soon as reasonably possible, but within sixty (60) days of the complaint's filing. Within ten (10) business days of the receipt of the request for a hearing, TRRCWD shall: (1) respond in writing acknowledging the request to the grievant; and (2) notify the grievant and respondent of a hearing date. The notice shall include, but not limited to: (1) date of issuance; (2) name of grievant; (3) name of respondent against whom the complaint has been filed; (4) a statement reiterating that both parties may be represented by legal counsel at the hearing; (5) the date, time, place of the hearing, and the name of the hearing officer; (6) a statement of the alleged violation(s) of WIOA ; (7) copy of any policies and procedures for the hearing or identification of where such policies may be found; and (8) name, address, and telephone number of the contact person issuing the notice.

The hearing shall be conducted in compliance with federal regulations. The hearing shall have, at a minimum, the following components: (1) an impartial hearing officer selected by TRRCWD; (2) an opportunity for both the grievant and respondent to present an opening statement, witnesses, and evidence; (3) an opportunity for each party to cross-examine the other party's witnesses; and (4) a record of the hearing which TRRCWD shall create and maintain.

The hearing officer, considering the evidence presented by the grievant and respondent, shall issue a written decision, which shall serve as TRRCWD's official resolution of the complaint. The decision shall include the following information: (1) the date, time, and place of hearing; (2) a recitation of the issues alleged in the complaint; (3) a summary of any evidence and witnesses presented by the grievant and respondent; (4) an analysis of the issues as related to the facts; and (5) a decision addressing each issue alleged in the complaint.

No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because he/she have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.



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If the complainant(s) does not receive a written decision from the Hearing Officer within sixty (60) days of grievance/complaint filing, or receives a decision unsatisfactory to the complainant(s), the complainant(s) then has/have a right to request a review by the State using the WIOA Complaint Information Form found at:

<http://www.georgia.org/competitive-advantages/workforce-division/technical-assistance/>.

Karen Kirchler
Deputy Commissioner for Workforce Development 1800
Century Place N.E., Suite 150,
Atlanta, GA 30345
Phone: (404) 679-1371
FAX: (404) 679-5460

The Assistant Commissioner shall act as the Governor's authorized representative. Either an informal resolution or a hearing will take place within 60 calendar days of the filing.

Appeal Process

An appeal to Workforce Development (WFD) of a Local Workforce Development Area's (LWDA) resolution must be filed within sixty (60) days of the date the LWDA issued its written resolution. However, a LWDA that fails to issue a written resolution of a locally filed Complaint within sixty (60) days shall give the Complainant the automatic right to file a Complaint with WFD. Once WFD has received the Complaint form and the local resolution, WFD shall issue its own resolution on the issue being appealed within sixty (60) days of receipt. Any resolution reached by WFD may be appealed to the United States Department of Labor's Employment and Training Administration.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS POLICY AND PROCEDURES.

PARTICIPANT NAME (PRINT)

DATE

PARTICIPANT NAME (SIGN)

DATE

**Parent/Legal Guardian
Signature (if under 18)**

DATE

HOW MAY WE HELP YOU?

Our goal is to provide excellent customer services through our friendly, knowledgeable staff and easy access to all workforce-related services provided in this region.

By completing this form, you equip our team to best assist you and to ensure you are aware of, and receive, all available services that may help you achieve your career goals. ***All service provision is contingent upon eligibility determination and availability of the service in your area.***

PLEASE COMPLETE THE FORM BELOW:

 Name (Last, First)

 Date

 City, State of Residency

 Zip Code

 Email Address

 Phone Number

Please Check the Circumstances That Best Describes You and Your Employment Service Needs

- | | |
|---|--|
| <input type="checkbox"/> I am between the ages 16-24 yrs.* | <input type="checkbox"/> I am a veteran or spouse of a veteran*** |
| <input type="checkbox"/> I am 55 + years of age ***** | <input type="checkbox"/> I have a work/life-related limitation or disability** |
| <input type="checkbox"/> I am Underemployed (Current job is not self-sustaining)* | |

PLEASE SELECT (✓) ALL SERVICES WHICH MAY BE HELPFUL:

Employment Services

- | | |
|--|--|
| <input type="checkbox"/> Unemployment Insurance (UI)*** | <input type="checkbox"/> Assistance Choosing the Right Job*** |
| <input type="checkbox"/> Wages Documentation*** | <input type="checkbox"/> Exploring "Hot" Jobs*** |
| <input type="checkbox"/> Assistance Finding a Job*** | <input type="checkbox"/> Identifying My Skills* |
| <input type="checkbox"/> Find Job Leads*** | <input type="checkbox"/> Assess My:* |
| <input type="checkbox"/> Access to the Internet/phone to Find Job Leads*** | <input type="checkbox"/> Typing Speed <input type="checkbox"/> Job Interests |
| <input type="checkbox"/> Resume and Cover Letter Assistance* | <input type="checkbox"/> Job Aptitudes |
| <input type="checkbox"/> Job Application Assistance*** | <input type="checkbox"/> Exploring Career Options* |
| <input type="checkbox"/> Interviewing Skills Development* | <input type="checkbox"/> Learning about Wages*** |
| <input type="checkbox"/> Information about Employers or Industries* | <input type="checkbox"/> Setting Goals* |
| <input type="checkbox"/> Job Retention Services (e.g., Incumbent Worker Training)* | <input type="checkbox"/> Vocational Rehabilitation Training Services** |

Education & Training Services

- | | |
|--|--|
| <input type="checkbox"/> GED Prep and/or Attainment**** | <input type="checkbox"/> Certificate Attainment* |
| <input type="checkbox"/> Basic Skills Attainment
(Math/Reading)* | <input type="checkbox"/> Technical Training**** |
| <input type="checkbox"/> English as a Second Language Training
(ESL)**** | <input type="checkbox"/> Accessibility Assistance to Accommodate a
Disability during Training or Educational
Services** |
| <input type="checkbox"/> Assistance for Improving Skills (e.g.,
typing, computer or software, soft skills,
writing, etc.)* | <input type="checkbox"/> Work-Based Learning – On-The-Job Training,
Work Experience, Apprenticeships (<i>This May
Allow For Income *A Paycheck* during Training.</i>)** |
| <input type="checkbox"/> Training/Education Goals* | |
| <input type="checkbox"/> Financial Aid for Education and
Training* | |

Support Services

- | | |
|--|--|
| <input type="checkbox"/> Clothing – Interview/Professional* | <input type="checkbox"/> Vocational Rehabilitation Support Services** |
| <input type="checkbox"/> Healthcare Assistance* | <input type="checkbox"/> Workplace or Homebased Equipment or Services to
Accommodate a Disability/Promote Independence
(Including Sensory, Technological, Physical
Accommodations and Modifications, etc.)** |
| <input type="checkbox"/> Transportation Assistance* | <input type="checkbox"/> Overcoming background Issues (<i>TOPPSTEP: The
Offender Parolee Probationer State Training
Employment Program, Federal Bonding, etc.</i>)*** |
| <input type="checkbox"/> Relocation Assistance for a Job* | <input type="checkbox"/> Federal Bonding– (<i>Provides limited liability coverage
to employers new hires who cannot be bonded,
including: ex-offender, ex-addict, poor credit record,
dishonorably discharged from the military, or
persons lacking a work history</i>)*** |
| <input type="checkbox"/> Equipment for Employment (tools,
uniform, etc.)* | |

Workshops & Counseling Services

- | | |
|---|---|
| <input type="checkbox"/> Resume & Cover Letter Building* | <input type="checkbox"/> Succeeding/Advancing on a Job* |
| <input type="checkbox"/> Applications and Internet Job Searching* | <input type="checkbox"/> Vocational Rehabilitation Counseling** |
| <input type="checkbox"/> Financial/Stress Management Counseling* | <input type="checkbox"/> Medical Management Counseling* |
| <input type="checkbox"/> Networking* | <input type="checkbox"/> Keeping a Job (Job Retention)* |
| <input type="checkbox"/> Interviewing* | <input type="checkbox"/> Keep Me Updated on Other Workshop Options* |
| <input type="checkbox"/> IT Training * | |
| <input type="checkbox"/> Soft Skills Training* | |

Other: _____

WIOA*
GVRA**
GDOL***

Technical College ****
SCSEP*****



WIOA RELEASE OF INFORMATION CONSENT/CERTIFICATION & ACKNOWLEDGEMENT FORM

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

Name: _____ Date: _____ SSN# (last 4 digits): _____	
RELEASE INFORMATION FOR ELIGIBILITY	Initial Here
I authorize the release of my information to WorkSource Three Rivers as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act, Adult, Dislocated Worker, and Youth Program 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 is given with the understanding that the information will be used in a confidential and responsible manner.	
RELEASE INFORMATION FOREducation INSTITUTION	Initial Here
I authorize of my current and past educational records from high schools, colleges, universities, and training schools to WorkSource Three Rivers. Such records to include my current/past enrollment, transcripts, attendance records, graduation and /or 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 Workforce Development Division, WorkSource Three Rivers must have 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
I authorize the release of my current and past employment information to WorkSource Three Rivers until I am completed with the WIOA Program and WIOA Quarterly Follow-up.	
CERTIFICATION & ACKNOWLEDGEMENT	Initial Here
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 WIOA 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.	
AUTHORIZATION TO PUBLISH	Initial Here
WIOA program activities are federally funded and all activities must adhere to transparency and accountability guidelines. In some cases, pictures may be taken to document our local efforts to assist area residents obtain training and employment services. WorkSource Three Rivers may use my photo in print advertising or on the local area's website.	
I AGREE <input type="checkbox"/> I DO NOT AGREE <input type="checkbox"/>	
Signature: _____	
Parental Signature: (if under 18) _____	
All information I hereby authorize to be obtained from this agency will be strictly confidential and cannot be released by the recipient without written consent. I understand that this authorization will remain in effect for the period necessary to complete all transactions in accounts related to services provided to me. I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.	
(USE THIS SPACE ONLY IF THE CLIENT WITHDRAWS CONSENT)	
_____	_____
(Date Consent is Revoked by Client)	(Client Signature or Authorized Representative)



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CUSTOMER AFFIDAVIT FOR PUBLIC BENEFIT ELIGIBILITY

By executing this affidavit under oath, as an applicant for a(n) Workforce Innovation and Opportunity Act, as referenced in O.C.G.A. § 50-36-1, from WorkSource Three Rivers, 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 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:



Orientation Certification

This is to certify that I have received orientation to WIOA Services and the WorkSource Three Rivers One-Stop System, including performance information.

The Orientation included the following as I have **initialed** in the space provided:

- _____ Explanation and copy of the Grievance & Complaint form
- _____ Information about WIOA Services and Eligibility Requirements and a summary handout
- _____ Information about growth jobs, wages and training
- _____ Explanation and copy of the Drug Free Workplace Policy

Signature: _____ **Date:** _____

I was asked if I would like to apply for additional WIOA service. I have **checked** my response below.

I wish to see if I qualify for WIOA services.

I am not interested in WIOA services.

Printed Name: _____

Signature: _____ **Date:** _____

Parent or Legal Guardian Signature: _____
(If under 18 years of age)

HOW DID YOU HEAR ABOUT US? (Please circle one)

Internet Radio TV Newspaper Brochure DOL

Flyer Friend Other: (please specify) _____

FAMILY COMPOSITION

PLEASE READ: Falsification of data on this form is a crime against federal and state laws. Falsification of or concealment of information is punishable by fine or imprisonment or both and will require repayment of any monies paid to or on behalf of the applicant while in a Georgia job training program.

PLEASE SIGN BELOW ATTESTING TO READING AND UNDERSTANDING THIS STATEMENT AND CERTIFYING THE REPORTED FAMILY COMPOSITION AND ADDRESS INFORMATION IS COMPLETE AND ACCURATE.

Applicant Signature _____ Date _____ Parent/Legal Guardian Signature _____ Date _____

Applicant Printed Name: _____ Full Physical Address: _____

Name	Relationship to Applicant	Age	Social Security No.	Employer Name or Source of Income	Amount of Income	How often are you paid?
	Applicant					<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly

FOR USE BY WIOA STAFF/REPRESENTATIVE: STANDARD FAMILY COMPOSITION

Type of Income used to certify income eligibility: Employment Public Assistance: SNAP TANF Other _____
 (check all that applies)

Total # in Family _____

Total Included Family Income Reported by Applicant (prior 6 months) \$ _____

Total Excluded Family Income Reported by Applicant (prior 6 months) \$ _____

Total family income recalculated by 2nd Reviewer: Included Amount \$ _____ Excluded Amount \$ _____ Calculation Accurate: Yes No

Reason for recalculation: _____ 2nd Reviewer Signature: _____

(Using the 6-month income guideline for WIOA, determine the applicable income for the WIOA applicant.)

Total 6-month income from guideline chart \$ _____

Compare to the total INCLUDED Family Income to the total 6-month program guideline:

Subtract Total Included Family Income from 6-month Income Guideline figure for number in the family

Note the Difference:(+) _____ or (-) _____
 (Over Income) (Under Income)

- Applicant:**
- Meets Income Eligibility
 - Does Not Meet Income Eligibility
 - DW Over Income DW Wages does not count against Eligibility
 - Participant Eligible due to Public Assistance – Lack Self Sufficiency

(PY 2022-2023) Six-Month Income Guidelines for WIOA: Low Income Level Figures Effective May 01, 2022			
Family Size	Metropolitan Areas	Atlanta MSA	Nonmetropolitan Areas
1	\$6,795	\$6,795	\$6,795
2	\$9,155	\$9,155	\$9,155
3	\$11,675	\$11,515	\$11,515
4	\$14,413	\$14,040	\$13,999
5	\$17,011	\$16,570	\$16,520
6	\$19,895	\$19,377	\$19,319
7	\$22,780	\$22,184	\$22,119
8	\$25,664	\$24,991	\$24,918
For each over 8, add:	\$2,885/person	\$2,807/person	\$2,800/person

WIOA Staff Signature: _____ **Date:** _____

EQUAL OPPORTUNITY EMPLOYER/PROGRAM
 AUXILIARY AIDS & SERVICES AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES.
 TOLL FREE TDD/TTY: 1-800-255-0056 FOR THE HEARING IMPAIRED

FOR USE BY WIOA STAFF/REPRESENTATIVE: LACKS SELF-SUFFICIENCY

Type of Income used to certify income eligibility: Employment Public Assistance: SNAP TANF Other _____
 (check all that applies)

Total # in Family _____

Total Included Family Income Reported by Applicant (prior 6 months) \$ _____

Total Excluded Family Income Reported by Applicant (prior 6 months) \$ _____

Total family income recalculated by 2nd Reviewer: Included Amount \$ _____ Excluded Amount \$ _____ Calculation Accurate: Yes No

Reason for recalculation: _____ 2nd Reviewer Signature: _____

(Using the 6-month income guideline for WIOA, determine the applicable income for the WIOA applicant.)

Total 6-month income from guideline chart \$ _____

Compare to the total INCLUDED Family Income to the total 6-month program guideline:

Subtract Total Included Family Income from 6-month Income Guideline figure for number in the family

Note the Difference:(+) _____ or (-) _____
 (Over Income) (Under Income)

- Applicant:**
- Meets Income Eligibility
 - Does Not Meet Income Eligibility
 - DW Over Income
 - Participant Eligible due to Public Assistance – Lack Self Sufficiency
 - DW Wages does not count against Eligibility

(PY 2022-2023) Six-Month Income Guidelines for WIOA: Low Income Level Figures Effective May 01, 2022

FAMILY SIZE	METROPOLITAN AREAS	ATLANTA MSA	NONMETROPOLITAN AREAS
1	\$13,590	\$13,590	\$13,590
2	\$18,310	\$18,310	\$18,310
3	\$23,350	\$23,030	\$23,030
4	\$28,826	\$28,080	\$27,998
5	\$34,022	\$33,140	\$33,040
6	\$39,790	\$38,754	\$38,638
7	\$45,560	\$44,368	\$44,238
8	\$51,328	\$49,982	\$49,836
For each over 8, add:	\$5,770/person	\$5,614/person	\$5,600/person

WIOA Staff Signature: _____ **Date:** _____

EQUAL OPPORTUNITY EMPLOYER/PROGRAM
 AUXILIARY AIDS & SERVICES AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES.
 TOLL FREE TDD/TTY: 1-800-255-0056 FOR THE HEARING IMPAIRED

(Additional page to enter family composition)

Family Composition:

Applicant Printed Name: _____ Date: _____

SSN: _____ Full Physical Address: _____

Name	Relationship to Applicant	Age	Social Security Number	Employer Name or Source of Income	Amount of Income	How often are you paid?	
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly

DOL-3404 VETERANS AND ELIGIBLE SPOUSE QUESTIONNAIRE

Name: _____

I. MILITARY/SPOUSE	
1. Are you now serving, or have you served in the active* military, naval, or air service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were you discharged or released under conditions other than dishonorable? If YES to both 1 and 2 above, complete Section II or III. If NO, then do not complete the remainder of the form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you a spouse or caregiver of a veteran? If YES, complete Section IV.	<input type="checkbox"/> Yes <input type="checkbox"/> No
II. VETERANS	
1. Did you serve more than 180 days? If YES, please answer the following questions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Are you aged 18-24 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Are you or have you ever been incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Did you earn a high school diploma or equivalent certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Are you a recently separated service member, who at any point in the last 12 months has been unemployed for 27 or more weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Do you meet the lower level income guidelines (See Income Guidelines for WIOA Low Income Level)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you serve in a Reserve Unit during a period of war, campaign, or expedition for which a campaign badge was authorized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were you discharged because of a service-connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a VA rated service-connected disability? If YES, <input type="checkbox"/> 10-20% VA rated or <input type="checkbox"/> 30% or greater VA rated	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you a homeless veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
III. TRANSITIONING SERVICE MEMBERS (TSM's)	
<i>If you are a transitioning service member, answer questions #1-2.</i>	
1. Will you retire from service within 24 months or separate from service within 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Were you referred via DD-2958 (Service Member Career Readiness Standards/Individual Transition Plan) or other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Are you aged 18-24 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Are you being involuntarily separated through a service reduction-in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a service member who is wounded, ill, or injured and receiving treatment in a Military Treatment Facility (MTF) or Warrior Transition Unit (WTU)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV. MILITARY SPOUSES/CAREGIVERS	
<i>If you are a military spouse, answer questions #1-3.</i>	
1. Do you have a letter from the VA stating that you are an eligible spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your spouse have a total disability resulting from a service-connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has your spouse been listed as forcibly detained or interred by a foreign government or power, missing in action, or captured in the line of duty for a total of more than 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you are the surviving spouse of a veteran, answer questions #4-5.</i>	
4. Did your spouse die of a service-disconnected disability as evaluated by the VA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did your spouse die while having a total permanent disability resulting from a service-connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you are a caregiver of a service member, answer question #6.</i>	
6. Are you a caregiver of a service member who is wounded, ill, or injured and receiving treatment in a Military Treatment Facility (MTF) or Warrior Transition Unit (WTU)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) APPLICATION

- Incumbent Worker Eligibility - Eligibility Date: _____
- Adult Eligibility - Eligibility Date: _____
- DW Eligibility - Eligibility Date: _____
- Youth Eligibility - Eligibility Date: _____
- Application Closed - Never Enrolled

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Birth Date: _____ Age: _____ Email Address: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip: _____

Alternative Contact (Please make sure that you provide the name of someone who does not live in the same house with you.)

Name: _____ Relationship to Applicant: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip: _____

DRIVERS LICENSE

Do you have a Georgia Driver's License or Georgia ID? Yes No Class: A B C
 Driver's License Type: Regular Commercial (CDL) CDL Endorsements
 Has your license ever been or is currently suspended or revoked? Yes No

DEMOGRAPHIC INFORMATION

Registered for the Selective Service: Yes No Race - Ethnicity: I do not wish to answer
 Considered to be of Hispanic Heritage: Yes No African American Asian
 American Indian/Alaskan Native White
 Authorization to Work in U.S.:
 Alien/Refugee lawfully admitted U.S. Permanent Resident
 Citizen of U.S. or U.S. Territory None

DISABILITY INFORMATION

Considered to have a Disability: Yes No

TRANSITIONING SERVICE MEMBER

Type of Transitioning Service: Not Applicable Within 24 Months of Retirement Within 12 Months of Discharge
 Transitioning Service Member: Yes No
 Estimated Discharge Date: _____

VETERAN INFORMATION

Have you served in the US Military, Navel or Air Service? Yes No
 Yes <= 180 Days Yes, eligible Veteran Yes, other eligible person
 Served More Than 1 Tour Duty: Yes No
 Military Service Entry Date: _____ Military Service Discharge Date: _____
 Campaign Veteran Yes No

<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Yes, Disabled <input type="checkbox"/> Yes, Special Disabled <input type="checkbox"/> No (Greater than 30%) <input type="checkbox"/> No	Homeless Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Recently Separated Veteran (within the last 48 months): <input type="checkbox"/> Yes <input type="checkbox"/> No
	Received Services From Veterans Vocational Rehabilitation: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Attended a Transition Assistance Program (TAP) Workshop within 3 years: <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INFORMATION

Employment Status: [] Business Closed [] Discharged/or Fired [] Never Employed [] Self Employed
[] Quite/Resigned [] Laid Off/Lack of Work [] Retirement [] Other
[] Military Separation (ETS, Retirement)

If Employed, Individual is Under-Employed: [] Yes [] No

Unemployment Eligibility Status: [] Claimant [] Exhaustee [] Neither

Claimant has been Exempted from Work: [] Yes [] No Date Claimant was Exempted: []

Long-term Unemployment (27 or more consecutive weeks): [] Yes [] No

Current or Most Recent Hourly Rate of Pay: \$ []

Occupation of Most Recent Employment Prior to WIA/WIOA Participation: []

Farmworker Status: [] Yes [] No

EMPLOYER

Are you a Dislocated Worker?:

Dislocation Employer: []

Employer Address: []

Employer City, State & Zip: []

Dislocation Hourly Wage: \$ []

Did you attend a meeting at your employer to discuss Unemployment Insurance and Workforce training?

[] Yes [] No

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

Projected Layoff Date: []

Actual Layoff Date: []

Attended a group orientation (Rapid Response)?

[] Yes [] No

Date Attended: []

Rapid Response Event Number: []

EMPLOYMENT

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

Most Recent Employer: [] Type of Business: []

Address: [] Phone Number: []

Job Title: [] Main Duties: []

Equipment Used: []

Hours per week: [] Shift: [] [] Paid [] Volunteer [] Internship

Start Date: [] End Date: []

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

Explain Reason: []

Employer: [] Type of Business: []

Address: [] Phone Number: []

Job Title: [] Main Duties: []

Equipment Used: []

Hours per week: [] Shift: [] [] Paid [] Volunteer [] Internship

Start Date: [] End Date: []

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

Explain Reason: []

Employer: _____ Type of Business: _____
 Address: _____ Phone Number: _____
 Job Title: _____ Main Duties: _____
 Equipment Used: _____
 Hours per week: _____ Shift: _____ Paid Volunteer Internship
 Start Date: _____ End Date: _____
 Reason for Leaving: Laid-off Quit Terminated Other Employment Other
 Explain Reason: _____

Employer: _____ Type of Business: _____
 Address: _____ Phone Number: _____
 Job Title: _____ Main Duties: _____
 Equipment Used: _____
 Hours per week: _____ Shift: _____ Paid Volunteer Internship
 Start Date: _____ End Date: _____
 Reason for Leaving: Laid-off Quit Terminated Other Employment Other
 Explain Reason: _____

EDUCATION

Name of High School: _____

High School Diploma or Equivalent Received: Yes No

HIGHEST EDUCATION LEVEL COMPLETED:
 4 5 6 7 8 9 10
 11 12 13 14 15 16 17

If yes, Year Graduated: _____

List the name of other schools attended, include degree/certificates and areas of study:

School	Course of Study	Did you Graduate	Year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

I have **attained** the following credential(s): HS Diploma GED Certificate of Completion
 Technical School Certificate AA BA/BS MA/MS PH.D None

If available, please provide Three Rivers with copies of your attained credentials.

PUBLIC ASSISTANCE

Individual or member of a family that is receiving or in the past 6 months has received:

Are you receiving Supplemental Security Income (SSI):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving Refugee Cash Assistance (RCA):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving Social Security Disability Insurance income (SSDI):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in a household receiving Food Stamps (SNAP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving or have you been notified you will be receiving the Pell Grant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving TANE:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving General Assistance (GA):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foster Child: (state or local payments are made for applicant)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ticket to Work Holder Issued by the Social Security Administration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receives, or is Eligible to receive Free or Reduced Lunch under the Richard B. Russell National School Lunch Act:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INDIVIDUAL BARRIERS

English Language Learner:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnant/Parenting Youth:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Basic Skills Deficient/Low Levels of Literacy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Runaway:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth in, or aged out of Foster Care:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you Homeless:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EX Offender (individual has been arrested/convicted):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Out of Home Placement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth Requires Additional Assistance to Complete an Educational Program or to Secure/Hold Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

INCOME INFORMATION

Due to the Individual's disability, they qualify as a Family of 1: Yes No

What is your annualized family income: \$ **Family Size:**

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 WIOA 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.

Applicant Signature

Date

Parent or Guardian Signature

Date