

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 2019-2021. 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	2019 Base Employment	2021 Projected Employment	Employment Change
Food Services & Drinking Places	387,810	407,540	19,730
Ambulatory Health Care Services	224,520	243,510	18,990
Professional, Scientific, & Technical Services	262,090	277,610	15,520
Educational Services	394,090	408,500	14,410
Administrative & Support Services	293,850	301,320	7,470
Management of Companies & Enterprises	88,740	94,600	5,860
Self-Employed & Unpaid Family Workers	233,470	238,610	5,140
Hospitals	182,670	187,250	4,580
Warehousing & Storage	53,130	57,660	4,530
Social Assistance	81,980	85,740	3,760
Local Government, Exc Education & Hospitals	144,030	147,590	3,560
Private Households	21,010	24,540	3,530
Amusement, Gambling, & Recreation Industries	36,270	39,550	3,280
Specialty Trade Contractors	118,730	121,820	3,090
Insurance Carriers & Related Activities	73,260	76,070	2,810
General Merchandise Stores	105,220	107,940	2,720
Merchant Wholesalers, Durable Goods	110,980	113,610	2,630
Real Estate	48,400	50,930	2,530
Truck Transportation	52,280	54,640	2,360
Transportation Equipment Manufacturing	55,140	57,420	2,280

Top Five Occupations within Industries with the Most Job Growth

Food Services and Drinking Places: combined food preparation and serving workers, including fast food; waiters and waitresses; cooks, restaurant; supervisors of food preparation and serving workers; food preparation workers

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

Professional, Scientific, and Technical Services: software developers, applications; accountants and auditors; lawyers; management analysts; computer systems analysts

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

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

Note: These projections were completed prior to the novel coronavirus pandemic, known as COVID-19, and thus do not reflect its effect on the economy.

Top Five Occupations within Industries with the Most Job Growth continued

Management of Companies and Enterprises: software developers, applications; business operations specialists, all other; general and operations managers; customer service representatives; computer occupations, all other

Self-Employed and Unpaid Family Workers: farmers, ranchers, and other agricultural managers; managers, all other; real estate sales agents; construction laborers; supervisors of retail sales workers

Hospitals: registered nurses; nursing assistants; clinical laboratory technologists and technicians; licensed practical and licensed vocational nurses; radiologic technologists

Warehousing and Storage: industrial truck and tractor operators; laborers and freight, stock, and material movers, hand; stock clerks and order fillers; shipping, receiving, and traffic clerks; supervisors of transportation and material moving workers, except aircraft cargo handling

Social Assistance: personal care aides; childcare workers; preschool teachers, except special education; childcare workers; teacher assistants; child, family, and school social workers

Local Government, excluding Education and Hospitals: police and sheriff's patrol officers; firefighters; correctional officers and jailers; recreation workers; office clerks, general

Private Households: maids and housekeeping cleaners; childcare workers; personal care aides; cooks, private household; 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; waiters and waitresses; customer service representatives

Specialty Trade Contractors: electricians; construction laborers; plumbers, pipefitters, and steamfitters; heating, AC, and refrigeration mechanics and installers; supervisors of construction trades and extraction workers

Insurance Carriers and Related Activities: insurance sales agents; insurance claims and policy processing clerks; customer service representatives; claims adjusters, examiners, and investigators; insurance underwriters

General Merchandise Stores: cashiers; retail salespersons; stock clerks and order fillers; supervisors of retail sales workers; supervisors of office and administrative support workers

Merchant Wholesalers, Durable Goods: sales representatives, wholesale and manufacturing, except technical and scientific products; laborers and freight, stock, and material movers, hand; general and operations managers; customer service representatives; sales representatives, wholesale and manufacturing, technical and scientific products

Real Estate: real estate sales agents; maintenance and repair workers, general; counter and rental clerks; property, real estate, and community association managers; secretaries and administrative assistants, except legal, medical, and executive

Truck Transportation: heavy and tractor-trailer truck drivers; laborers and freight, stock, and material movers, hand; bus and truck mechanics and diesel engine specialists; supervisors of transportation and material moving workers, except aircraft cargo handling; industrial truck and tractor operators

Transportation Equipment Manufacturing: assemblers and fabricators, all other, including team assemblers; aircraft structure, surfaces, rigging, and systems assemblers; aerospace engineers; supervisors of production and operating workers; inspectors, testers, sorters, samplers, and weighers

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the Georgia Department of Labor and does not necessarily reflect the official position of the U.S. Department of Labor.

2019 - 2021

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 2019-2021

Georgia’s economy will add jobs over this two-year employment projection though at a slower rate than the previous short-term period. With the state’s economy showing a ninth consecutive year of average job growth in 2019, most major industries in the state are expanding and are projected to add workers through 2021.

Over the projection period (2019-2021), we estimate that nearly 208,000 occupational separations will arise each year due to labor force exits. We also project that over 342,000 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 short-term projection cycle, Georgia occupational openings (sum of net employment change and occupational separations) will surpass 621,000 annually while total employment is projected to increase by over 142,000 from 2019-2021.

This brochure lists the jobs that will be in most demand from 2019-2021. 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 2019 Edition of Georgia Wage Estimates are also displayed. Shown lastly are industries with the most job growth and the occupations within them.

Doctoral or Professional Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Lawyers	510	630	1,570	\$123,000
Physicians & Surgeons, All Other	210	160	660	\$224,200
Health Specialties Teachers, Postsecondary	190	240	610	\$113,900
Pharmacists	250	230	610	\$113,200
Physical Therapists	110	140	460	\$82,300
Clinical, Counseling, & School Psychologists	70	150	310	\$85,100
Dentists, General	90	40	230	\$168,400
Business Teachers, Postsecondary	70	90	220	\$90,300
Medical Scientists, Exc Epidemiologists	30	130	200	\$72,300
Veterinarians	50	50	170	\$87,000

Master's Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Ed, Guidance, School, & Vocational Counselors	350	750	1,320	\$53,900
Instructional Coordinators	460	570	1,220	\$63,700

Master's Degree Continued

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Ed Admins, Elem & Secondary School	220	430	800	\$91,200
Nurse Practitioners	140	240	690	\$101,800
Healthcare Social Workers	120	270	460	\$50,600
Physician Assistants	60	170	410	\$98,400
Speech-Language Pathologists	70	130	350	\$74,100
Librarians	140	120	300	\$57,800
Occupational Therapists	70	110	290	\$78,300
Health Diagnosing & Treating Practitioners, All Other	100	70	190	\$102,600

Bachelor's Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
General & Operations Managers	1,850	5,820	9,060	\$107,400
Registered Nurses	2,320	2,140	6,200	\$65,800
Elem School Teachers, Exc Special Ed	1,710	2,340	5,000	\$53,800
Accountants & Auditors	1,140	2,620	4,520	\$71,900
Business Operations Specialists, All Other	1,090	2,770	4,220	\$71,100
Software Developers, Applications	440	1,810	3,490	\$100,400
Management Analysts	780	1,580	3,000	\$88,600
Market Research Analysts & Marketing Specialists	510	1,690	2,860	\$63,500
Managers, All Other	750	1,490	2,650	\$111,800
Secondary School Teachers, Exc Spec & Career/Tech Ed	780	1,190	2,460	\$55,400

Associate's Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Preschool Teachers, Exc Special Ed	660	1,020	1,950	\$29,500
Paralegals & Legal Assistants	310	670	1,230	\$51,600
Dental Hygienists	340	200	780	\$62,600
Computer Network Support Specialists	120	420	660	\$67,600
Radiologic Technologists	160	200	480	\$54,100
Physical Therapist Assistants	110	210	440	\$49,800
Respiratory Therapists	130	120	380	\$54,900
Electrical & Electronics Engineering Techs	110	220	370	\$63,100
Veterinary Technologists & Technicians	90	170	370	\$30,200
HR Assistants, Exc Payroll & Timekeeping	110	230	360	\$36,800

Postsecondary Nondegree Award

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Heavy & Tractor-Trailer Truck Drivers	2,780	4,900	8,940	\$40,000
Nursing Assistants	2,170	2,360	5,230	\$23,900
Medical Assistants	1,110	2,010	4,200	\$29,700
Automotive Service Technicians & Mechanics	650	1,670	2,660	\$40,300
Licensed Practical & Licensed Vocational Nurses	900	1,130	2,530	\$39,700
Hairdressers, Hairstylists, & Cosmetologists	930	980	2,160	\$24,900
Dental Assistants	460	650	1,390	\$34,000
Heating, Air Cond, & Refrigeration Mechanics & Installers	290	750	1,220	\$39,700
Telecom Equip Installers & Repairers, Exc Line Installers	250	730	1,010	\$50,700
Firefighters	200	570	930	\$35,200

Some College, No Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Bookkeeping, Accounting, & Auditing Clerks	2,420	2,220	4,900	\$37,700
Teacher Assistants	2,080	2,050	4,750	\$20,800
Computer User Support Specialists	420	1,440	2,380	\$50,600

High School Diploma or Equivalent

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Customer Service Representatives	5,240	9,310	15,300	\$32,900
Office Clerks, General	4,370	4,990	9,770	\$28,600
Stock Clerks & Order Fillers	3,060	4,990	8,810	\$24,700
Secretaries & Admin Assistants, Exc Legal, Med, & Executive	3,500	4,140	7,620	\$32,300
Assemblers & Fabricators, All Other, Incl Team Assemblers	2,360	4,350	6,760	\$28,500
Personal Care Aides	2,790	2,480	6,750	\$20,900
Supervisors of Food Prep & Serving Workers	1,530	3,820	6,180	\$27,700
Supervisors of Office & Admin Support Workers	1,880	3,370	5,770	\$52,900
Sales Representatives, Services, All Other	1,100	3,610	5,410	\$58,400
Supervisors of Retail Sales Workers	1,550	3,380	5,360	\$41,100

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

<https://explorer.gdol.ga.gov/gsipub/index.asp?docid=356>

Equal Opportunity Employer/Program • Auxiliary Aids and Services Available upon Request to Individuals with Disabilities

Georgia's Careers to 2026

The careers in this chart have it all!

Skills and Abilities	Skills and Abilities										Work Activities										Occupational Characteristics				
	● advanced skills required		○ moderate skills required								● frequently found		○ occasionally found												
	Doctoral or professional degree																								
Physical Therapists	○	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	\$86,800	410					
Physicians & Surgeons, All Other	○	●	●	●	●		●	●	●	○	●		●	●		●	○	●	\$224,200	440					
Postsecondary Teachers, All Other	●	●	●	●	●		●	●	○	●	●		●	●		●	●	●	\$77,200	490					
Master's degree																									
Education Administrators, Elem & Sec	●	●	●	●	●		●	●	●	●	●	○	●	●		●	●	●	\$94,400	730					
Educational, Guidance, School, & Voc Counselors	●	●	●	●	●		●	●	●	○	●		●	●		●	●	●	\$55,300	1,270					
Healthcare Social Workers	●	●	●	●	●		●	●	●	●	●		●	●		○	●	●	\$51,200	580					
Instructional Coordinators	●	●	●	●	●		●	●	●	●	●		●	●		●	○	●	\$57,600	700					
Nurse Practitioners	●	●	●	●	●	●	●	●	●	●	●	○	●	●		●	●	●	\$101,900	420					
Physician Assistants	●	●	●	●	●	○	●	●	●	○	●		●	●		●	○	●	\$100,800	400					
Bachelor's degree																									
Accountants & Auditors	●	●		●	●	○	●	●			●		●			●	●	●	\$78,100	4,200					
Administrative Services Managers	●	●	●	●	●			●			●		●	●		●	●	●	\$93,900	880					
Airline Pilots, Copilots, & Flight Engineers	●	●	●	●	●	●		●				○	●	●		●	●		\$92,300	800					
Business Operations Specialists, All Other	○	●	○	●	●	●	●	●		○	●	○	●	●	○	●	●	●	\$71,800	3,650					
Civil Engineers	●	●	○	●	●		●	●		●		○	●	●		●	●	●	\$90,200	880					
Coaches and Scouts	●	●	●	●	●		●	●		●	●		●		●	○	●	●	\$47,500	880					
Compliance Officers	○	●	○	●	●		●	●			●	○	●	●		●	●		\$62,400	770					
Computer & Information Systems Managers	●	●	○	●	●		●	●		●	●		●	●		●	●	●	\$138,800	1,040					
Computer Occupations, All Other	●	●	○	●	●		●	●		●	●		●			●	●	●	\$88,200	920					
Construction Managers	●	●	○	●	●		●	●		●	●	○	●	●		●	●	●	\$105,800	720					
Cost Estimators	●	●		●	●		●	●		●	●		●			●	●	●	\$62,300	640					
Elementary School Teachers, Exc Spec Ed	●	●	●	●	●		●	●	●	●	●		●	●		●	●	●	\$55,600	4,620					
Financial Analysts	●	●		●	●		●	●			●		●	●		●	○	●	\$80,800	700					
Financial Managers	●	●		●	●		●	●		●	●		●	●		●	●	●	\$143,700	1,740					
Financial Specialists, All Other	●	●	○	●	●		●	●		●	●		●	●		●	○	●	\$77,900	440					
General & Operations Managers	●	●	●	●	●		●	●		●	●		●	●		●	●	●	\$116,400	8,910					
Health Educators	●	●	●	●	●		●	●	●	●	●		●			●	●	●	\$77,100	460					
Human Resources Managers	○	●	●	●	●		●	●	●	●	●		●	●		●	●	●	\$122,400	460					
Human Resources Specialists	○	●	○	○	●		●	●		●	●		●			●	●	●	\$61,200	1,940					
Industrial Engineers	●	●		●	●		●	●		●	●	●	●	●		●	●	●	\$82,800	580					
Kindergarten Teachers, Exc Spec Ed	●	●	○	●	●		●	●	●	●				●			●	●	\$53,300	740					
Loan Officers	●	●	●	●	●		●	●			●		●			●	●	●	\$76,900	790					

Fast job growth

Above average wages

At least 400 expected annual job openings

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

<https://explorer.gdol.ga.gov/gsipub/index.asp?docid=356>

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!

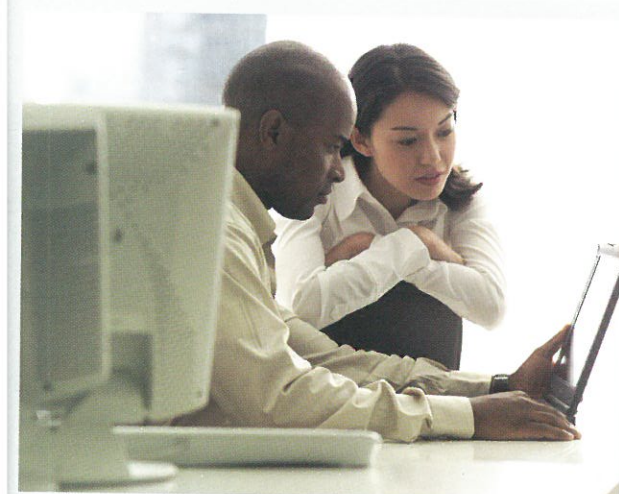
Workforce Development TRRC
1210 Greenbelt Drive
Griffin, GA 30224
770-229-9799
www.threeriversrc.com
Toll Free TTY: 1-800-255-0056 for the
hearing impaired

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

Three Rivers

 **WORK
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GEORGIA**

Connecting Talent with Opportunity
A proud partner of the AmericanJobCenter 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.

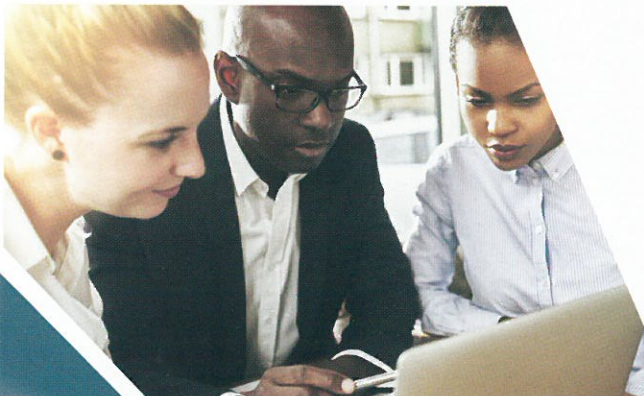
For Employers, We Assist With:

- 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!

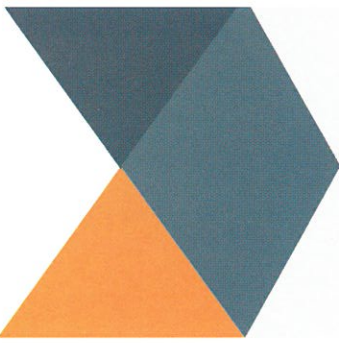


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Employer Benefits

- 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 ibigay 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! يحتوي هذا المستند على معلومات مهمة حول حقوقك ومسؤولياتك و/أو فوائده. من الأهمية بمكان فهم المعلومات الواردة في للحصول على مساعدة **(770) 229-9799** هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. اتصل على الرقم في ترجمة المعلومات الواردة في هذا المستند وفهمها.

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 정보를 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.

WORKSOURCE THREE RIVERS GRIEVANCE AND COMPLAINTS PROCEDURE

GENERAL POLICY

If any individual, group, or organization has a complaint, the problem should first be discussed informally between those involved before a grievance is filed. Applicants and Participants for services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by the WorkSource Three Rivers and/or the Three Rivers Regional Commission Board will be treated fairly. Grievance/complaints should be filed in accordance with the written procedures established by WorkSource Three Rivers. Signed and dated grievance forms with accurate contact information are 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 this program, you have the right to file a grievance/complaint.**

EQUAL OPPORTUNITY POLICY

WorkSource Three Rivers 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 the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. References include: The Workforce Innovation and Opportunity Act of 2014 P. L. 113-128 USDOL Regulations Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act of 2014 29 C.F.R. § 38.36 effective July 22, 2015.

Equal Opportunity Is the Law (29 C.F.R. § 38.35)

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 the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
- providing opportunities in, or treating any person with regard to, such a program or activity; or
- making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW. Room N-4123, Washington, DC 20210 or electronically as directed on the CRCWeb site at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

A **complaint** is an allegation of discrimination on the grounds a person, or any specific class of individuals, has been or is being discriminated against on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I-financially assisted program or activity as prohibited by WIOA or part 29CFR38.69. An allegation of retaliation, intimidation or reprisal for taking action or participating in any action to secure rights protected under WIOA will be processed as a **complaint**.

COMPLAINTS OF DISCRIMINATION

WorkSource Three Rivers is prohibited from, and does not engage in, discriminating against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity.

Both the complainant and the respondent have the right to be represented by an attorney or other individual of their choice. (29 C.F.R. § 38.71)

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 WorkSource Three Rivers as follows:

WIOA Equal Opportunity Officer, Mandy Nicholson,
Three Rivers Regional Commission,
P.O. Box 818, 120 North Hill Street, Griffin, GA, 30224,
(770) 229-9799, worksourcetr@threeriversrc.com

OR

Complaints may also be filed with the
TCSG OWD Compliance Director
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@tcsq.edu

OR

A complainant may be filed directly with the Director,
Civil Rights Center, U.S. Department of Labor,
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

Or at the website below:

<http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm>

Furthermore, the USDOL Civil Rights Center provides a complaint form, which should be utilized, if sending a discrimination-based complaint, and can be found at the website detailed above.

Upon receipt of the complaint, if the WorkSource Three Rivers 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.

The Technical College System of Georgia, Office of Workforce Development or WorkSource Three Rivers under this part and WIOA Section 188 will process complaints and it will contain the following elements:

- (1) Initial, written notice to the complainant that contains the following information:
 - (i) An acknowledgment that the recipient has received the complaint; and
 - (ii) Notice that the complainant has the right to be represented in the complaint process
 - (iii) Notice of rights contained in [§ 38.35](#); and
 - (iv) Notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this notice will be translated into the non-English languages as required in §§ [38.4\(h\)](#) and (i), [38.34](#), and [38.36](#).
- (2) A written statement of the issue(s), provided to the complainant that include the following information:
 - (i) A list of the issues raised in the complaint; and
 - (ii) For each such issue, a statement whether the recipient will accept the issue for investigation or reject the issue, and the reasons for each rejection.
- (3) A period for fact-finding or investigation of the circumstances underlying the complaint.
- (4) A period during which the recipient attempts to resolve the complaint. The methods available to resolve the complaint must include alternative dispute resolution (ADR).
- (5) A written Notice of Final Action, provided to the complainant within 90 days of the date on which the complaint was filed, that contains the following information:
 - (i) For each issue raised in the complaint, a statement of either:
 - (A) The recipient's decision on the issue and an explanation of the reasons underlying the decision; or
 - (B) A description of the way the parties resolved the issue; and
 - (ii) Notice that the complainant has a right to file a complaint with CRC within 30 days of the date on which the Notice of Final Action is received if the complainant is dissatisfied with the recipient's final action on the complaint.

The complainant has the option to resolve the complaint using alternative dispute resolution of their choice. The ADR procedures must provide:

- (1) The complainant may attempt ADR at any time after the complainant has filed a written complaint with the recipient, but before a Notice of Final Action has been issued.
- (2) The choice whether to use ADR or the customary process rests with the complainant.

(3) A party to any agreement reached under ADR may notify the Director in the event the agreement is breached. In such circumstances, the following rules will apply:

- (i) The non-breaching party may notify with the Director within 30 days of the date on which the non-breaching party learns of the alleged breach; and
- (ii) The Director must evaluate the circumstances to determine whether the agreement has been breached. If the Director determines that the agreement has been breached, the complaint will be reinstated and processed in accordance with the recipient's procedures.

(4) If the parties do not reach an agreement under ADR, the complainant may file a complaint with the Director as described in §§ 38.69 through 38.71.

Each complaint must be filed in writing, either electronically or in hard copy, and must contain the following information:

- (a) The complainant's name, mailing address, and, if available, email address (or another means of contacting the complainant).
- (b) The identity of the respondent (the individual or entity that the complainant alleges is responsible for the discrimination).
- (c) A description of the complainant's allegations. This description must include enough detail to allow the Director or the recipient, as applicable, to decide whether:
 - (1) CRC or the recipient, as applicable, has jurisdiction over the complaint
 - (2) The complaint was filed in time; and
 - (3) The complaint has apparent merit; in other words, whether the complainant's allegations, if true, would indicate noncompliance with any of the nondiscrimination and equal opportunity provisions of WIOA or this part.
- (d) The written or electronic signature of the complainant or the written or electronic signature of the complainant's representative.
- (e) A complainant may file a complaint by completing and submitting CRC's Complaint Information and Privacy Act Consent Forms, which may be obtained either from the recipient's EO Officer or from CRC. The forms are available electronically on CRC's Web site, and in hard copy via postal mail upon request. The latter requests may be sent to CRC at the address listed in the notice contained in § 38.35.

If the recipient issues its Notice of Final Action before the 90-day period ends, but the complainant is dissatisfied with the recipient's decision on the complaint, the complainant or the complainant's representative may file a complaint with the Director within 30 days after the date on which the complainant receives the Notice. (§38.75)

If the recipient, has failed to issue a Notice of Final Action by the end of 90 days from the date on which the complainant filed the complaint, the recipient, the complainant or the complainant's representative may file a complaint with the Director within 30 days of the expiration of the 90-day period. In other words, the complaint must be filed with the Director within 120 days of the date on which the complaint was filed with the recipient. (§38.76)

Upon receipt of the complaint, if the WorkSource Three Rivers 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.

WorkSource Three Rivers will offer full cooperation with any local, state, or federal investigation in accordance with the aforementioned proceedings, or with any criminal investigation.

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. There is no charge for this call.

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.

ALL OTHER COMPLAINTS (VIOLATIONS OF THE ACT OR REGULATIONS)

GENERAL GRIEVANCE POLICY

Individuals applying for or receiving services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by WorkSource Three Rivers 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 WorkSource Three Rivers. **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.**

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:

- 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 WorkSource Three Rivers 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 WorkSource Three Rivers 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 WorkSource Three Rivers WIOA Equal Opportunity Officer will initiate efforts with the complainant and others involved bringing 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 WorkSource Three Rivers 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, WorkSource Three Rivers 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 WorkSource Three Rivers; (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 WorkSource Three Rivers 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 WorkSource Three Rivers' 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 made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

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:

<https://tcsq.edu/worksource/resources-for-practitioners/eo-and-grievance-procedure-information/>

TCSG OWD Compliance Director
1800 Century Place N.E., Suite 150,
Atlanta, GA 30345
Phone: (404) 679-4970
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 WFD of a LWDA's 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 AND UNDERSTAND THE INFORMATION PROVIDED WITHIN THIS DOCUMENT.

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

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

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

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

Education & Training Services

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

Support Services

Clothing – Interview/Professional*	Vocational Rehabilitation Support Services**
Healthcare Assistance*	Workplace or Homebased Equipment or Services to Accommodate a Disability/Promote Independence (Including Sensory, Technological, Physical Accommodations and Modifications, etc.)**
Transportation Assistance*	Overcoming background Issues (<i>TOPPSTEP: The Offender Parolee Probationer State Training Employment Program, Federal Bonding, etc.</i>)***
Relocation Assistance for a Job*	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>)***
Equipment for Employment (tools, uniform, etc.)*	

Workshops & Counseling Services

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

Other:

WIOA*
GVRA**
GDOL***

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

AUTHORIZATION TO SHARE AND RELEASE INFORMATION

PRINT NAME: _____ **DATE:** _____

I authorize representatives of WorkSource Three Rivers to share the information listed below with employers and with public agencies from which I receive assistance or with agencies from which I may request assistance or to which I may be referred by WorkSource Three Rivers for assistance. Information which may be shared includes:

Assessment Date/Results
Individual Service Strategy or Plan
Employment Development Plan
Employment Information and/or Work History

I authorize the release of the following to the representatives of WorkSource Three Rivers:

1. School records, including attendance, grades, test records/results and date of graduation.
2. Work history, employment records, including start and end dates of employment, wages paid, and reasons for termination, positions held and Supervisor's name(s).
3. Verification of public assistance, if any.
4. Employment references.

This Authorization to Share and Release Information is valid for a period of **12** months from the date of my signature as given below.

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____
(Parent or Legal Guardian Signature if Participant under 18)

STAFF SIGNATURE: _____ **DATE:** _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States	
2. A noncitizen national of the United States (See instructions)	
3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR	
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	
Signature of Employee	
Today's Date (mm/dd/yyyy)	

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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					Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly 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
 Participant Eligible due to Public Assistance – Lack Self Sufficiency

DW Wages does not count against Eligibility

Six-Month Income Guidelines for WIOA: Low Income Level Figures Effective May 01, 2021			
Family Size	Metropolitan Areas	Atlanta MSA	Nonmetropolitan Areas
1	\$6,440	\$6,440	\$6,440
2	\$8,710	\$8,710	\$8,710
3	\$11,129	\$10,980	\$10,980
4	\$13,617	\$13,226	\$13,213
5	\$16,216	\$15,796	\$15,748
6	\$18,966	\$18,472	\$18,417
7	\$21,715	\$21,148	\$21,085
8	\$24,465	\$23,824	\$23,754
For each over 8, add:	\$2,750/person	\$2,676/person	\$2,669/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 **DW Wages does not count against Eligibility**
 Participant Eligible due to Public Assistance – Lack Self Sufficiency

Six-Month Income Guidelines for WIOA: Low Income Level Figures Effective May 01, 2021

FAMILY SIZE	METROPOLITAN AREAS	ATLANTA MSA	NONMETROPOLITAN AREAS
1	\$12,880	\$12,880	\$12,880
2	\$17,420	\$17,420	\$17,420
3	\$22,258	\$21,960	\$21,960
4	\$27,480	\$26,770	\$26,690
5	\$32,432	\$31,592	\$31,496
6	\$37,932	\$36,944	\$36,834
7	\$43,430	\$42,296	\$42,170
8	\$48,930	\$47,648	\$47,508
For each over 8, add:	\$5,500/person	\$5,352/person	\$5,338/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?	
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly Monthly
						Weekly Bi-monthly	Bi-weekly 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?	Yes	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.	Yes	No
3. Are you a spouse or caregiver of a veteran? If YES, complete Section IV.	Yes	No
II. VETERANS		
1. Did you serve more than 180 days? If YES, please answer the following questions:	Yes	No
▪ Are you aged 18-24 years old?	Yes	No
▪ Are you or have you ever been incarcerated?	Yes	No
▪ Did you earn a high school diploma or equivalent certificate?	Yes	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?	Yes	No
▪ Do you meet the lower level income guidelines (See Income Guidelines for WIOA Low Income Level)?	Yes	No
2. Did you serve in a Reserve Unit during a period of war, campaign, or expedition for which a campaign badge was authorized?	Yes	No
3. Were you discharged because of a service-connected disability?	Yes	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	Yes	No
5. Are you a homeless veteran?	Yes	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?	Yes	No
▪ Were you referred via DD-2958 (Service Member Career Readiness Standards/Individual Transition Plan) or other?	Yes	No
▪ Are you aged 18-24 years old?	Yes	No
▪ Are you being involuntarily separated through a service reduction-in force?	Yes	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)?	Yes	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?	Yes	No
2. Does your spouse have a total disability resulting from a service-connected disability?	Yes	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?	Yes	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?	Yes	No
5. Did your spouse die while having a total permanent disability resulting from a service-connected disability?	Yes	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)?	Yes	No

WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) APPLICATION

Application Date: _____

APPLICATION INFORMATION- TO BE COMPLETED BY STAFF

Incumbent Worker Eligibility - Eligibility Date: _____

Adult Eligibility - Eligibility Date: _____ DW Eligibility - Eligibility Date: _____

Youth Eligibility - Eligibility Date: _____

Application Closed Never Enrolled

CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____

(select documentation used to verify) ⇒

Social Security Card

DD-214

W-2 Form

Letter/Printout from Social Security

Office School Records

Phone Number: _____ Alternate Number: _____

Address: _____ City: _____ STATE: _____

ZIP: _____ County: _____

Email: _____

(documentation used to verify customers address) ⇒ WIOA registration/eligibility form

ALTERNATE OR EMERGENCY CONTACT INFORMATION

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

Name: _____ Relationship to Applicant: _____

Telephone Number: _____ (i.e., Friend, Neighbor, Brother, etc.)

Address: _____

City: _____ State: _____ Zip: _____

DEMOGRAPHIC INFORMATION

Date of Birth: _____

Age: _____ (select documentation used to verify) ⇒

Birth Certificate

DD-214

Public Assistance Record

School Records

Driver's License

Passport

Work Permit

Registered for the Selective Service: Yes No

(if applicable)

(select documentation used to verify) ⇒

www.sss.gov Printout DD-214

Selective Service Registration Card

Additional Documentation - if it validates selective service registration

Authorization to Work in U.S.:

Citizen of U.S. or U.S. Territory
Alien/Refugee lawfully admitted to US

U.S. Permanent Resident
None

Considered to be of Hispanic Heritage:

Yes No

Race – Ethnicity:		African American/Black American Indian/Alaskan Native Asian Hawaiian/Other Pacific Islander White I do not wish to answer	
DRIVER'S LICENSE INFORMATION			
Do you have a Georgia Driver's License or Georgia ID?		Yes	No
Has your license ever been or/ is currently Suspended or Revoked?		Yes	No
Driver's License Type:		Regular	Commercial (CDL)
Class:		A	B C (Auto, light truck)
DISABILITY INFORMATION			
Considered to have a Disability:		Yes	No Participant Did Not Self-identify
<u>IF YES – SUBMIT SUPPORTING DOCUMENTATION TO PROGRAM INFORMATION SERVICES MANAGER</u>			
TRANSITIONING SERVICE MEMBER			
Transitioning Service Member:		Yes	No
Type of Transitioning Service Member:		Not Applicable Within 24 Months Of Retirement Within 12 Months Of Discharge	
Estimated Discharge Date: _____			
VETERAN INFORMATION			
Have you served in the US Military, Naval or Air Service?		DD-214 (obtain) Other Applicable Documentation (Specify) _____	
No Yes <= 180 days Yes, eligible veteran Yes, other eligible person (select documentation used to verify) ⇒			
Served More Than 1 Tour of Duty:		Yes	No
Military Service Entry Date:	Military Service Discharge Date:	Campaign Veteran	
_____	_____	Yes	No
Disabled Veteran:		Yes, Disabled Yes, Special Disabled (Greater Than 30%) No	
Recently Separated Veteran (within the last 48 months)		Yes	No
Homeless Veteran:		Yes	No
Received Services from Veterans Vocational Rehabilitation:		Yes	No
Attended a Transition Assistance Program (TAP) Workshop within last 3 Years:		Yes	No
EMPLOYMENT INFORMATION			
EMPLOYMENT STATUS:		Employer Contact Self-Attestation UI Records Job Search Worksheet Case File Notes UI Cross-Match Other Applicable Documentation (Specify) _____	
Working Full Time Not Working Other (select documentation used to verify) ⇒		Working Part Time Never Worked	
If Employed, Individual is Under-Employed:		Yes	No Not Applicable
Unemployment Eligibility Status:		Neither Claimant Nor Exhaustee	Claimant Exhaustee

UI Referred By Status: WPRS REA RESEA Not Applicable	
Claimant has been Exempted from Work Search: Yes No	Date Claimant was Exempted from Work Search: _____
Unemployment Compensation Verify: UI Records (benefit history, wage, record) Other Applicable Documentation (Specify)	
Long-term Unemployed (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: _____ <i>Please enter the wage and ONet Code for all applicants with current/previous employment.</i>	
Farmworker Status: Yes No	

DISLOCATED WORKER

Are you a Dislocated Worker? Yes No
Have you received a termination or layoff notice from your last job or job of dislocation? Yes No
Did you attend a meeting at your employer to discuss Unemployment Insurance and Workforce training?
 Yes No
If Yes, Date Attended: _____
Projected Layoff Date: _____
Actual Layoff Date: (if date is in the future, please leave empty): _____
Attended a group orientation (Rapid Response)? Yes No **Date Attended:** _____
Rapid Response Event Number: _____
Dislocation Employer: _____
Employer Address: _____
Employer City, State & Zip: _____
Dislocation Hourly Wage: \$ _____

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: _____ **Hourly Wage : \$** _____
Hours per Week: _____ **Shift:** _____ Paid Volunteer Internship
Main Duties: _____
Equipment/s Used: _____
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: _____ **Hourly Wage : \$** _____
Hours per Week: _____ **Shift:** _____ Paid Volunteer Internship
Main Duties: _____
Equipment/s Used: _____
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: _____ Hourly Wage : \$ _____
 Hours per Week: _____ Shift: _____ Paid Volunteer Internship
 Main Duties: _____
 Equipment/s Used: _____
 Start Date: _____ End Date: _____
 Reason for Leaving: Laid-off Quit Terminated Other Employment Other
 Explain Reason: _____

Employment Goals: Please List 2 Goals ⇒	1. _____ 2. _____
---	----------------------

EDUCATION

Name of High School : _____
 High School Diploma or Equivalent Received: Yes No
 If yes, Year Graduated: _____

HIGHEST EDUCATION LEVEL COMPLETED: The highest level of education I have completed is:

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19					

I have attained the following credential(s):

HS Diploma	GED	Certificate of Completion (HS)
Technical School Certificate	AA	BA/BS MA/MS Ph. D.

None of the above *(If available, please provide WorkSource Three Rivers with copies of your attained credentials).*
 (Select documentation used to verify) ⇒ WIOA Application/Applicant Statement or Attestation

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

<u>School</u>	<u>Course of Study</u>	<u>Did you Graduate</u>	<u>Year</u>
_____	_____	Y N	_____
_____	_____	Y N	_____
_____	_____	Y N	_____

EDUCATION PARTNER SERVICES

Receiving Services from Adult Education (WIOA Title II): Receiving Services from YouthBuild YouthBuild Grant Number _____ (if unknown, enter all 9s) Receiving Services from Job Corps Receiving Services from Vocational Education (Carl Perkins) Individualized Education Program Participant	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> <td style="width: 33%;">Did Not Self-Identify</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Did Not Self-Identify</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Did Not Self-Identify</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Did Not Self-Identify</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Did Not Self-Identify</td> </tr> </table>	Yes	No	Did Not Self-Identify	Yes	No	Did Not Self-Identify	Yes	No	Did Not Self-Identify	Yes	No	Did Not Self-Identify	Yes	No	Did Not Self-Identify
Yes	No	Did Not Self-Identify														
Yes	No	Did Not Self-Identify														
Yes	No	Did Not Self-Identify														
Yes	No	Did Not Self-Identify														
Yes	No	Did Not Self-Identify														

PUBLIC ASSISTANCE

Individual or member of a family that is receiving, or in the past 6 months has received, the following:		
Are you receiving TANF	Yes	No
Are you receiving Supplemental Security Income (SSI)	Yes	No
Are you receiving Social Security Disability Insurance Income (SSDI)	Yes	No
Are you receiving Refugee Cash Assistance (RCA)	Yes	No
Are you receiving General Assistance (GA)	Yes	No
Are you in a household receiving Food Stamps (SNAP)	Yes	No
Are you receiving or have you been notified you will be receiving the Pell Grant	Yes	No
Foster Child: Yes No <i>(state or local payments are made for applicant)</i> <i>(select documentation used to verify) ⇒</i>	Statement Or Letter From Social Services Agency Court Documents Foster Care Facility Resident	
Youth Currently Living in a High Poverty Area: Yes No <i>(select documentation used to verify) ⇒</i>	Staff Verified Based Upon Address Other Applicable Documentation (Specify)	
Youth Currently Receives, or is Eligible to Receive, Free or Reduced Lunch under the Richard B. Russell National School Lunch Act: Yes No <i>(select documentation used to verify) ⇒</i>	School Documentation Self-Attestation Other Applicable Documentation (Specify)	
Ticket to Work Holder issued by the Social Security Administration:	Yes	No
INDIVIDUALS BARRIERS		
English Language Learner Yes No <i>(select documentation used to verify) ⇒</i>	Test Scores Staff Observation Other Applicable Documentation (Specify):	
Basic Skills Deficient/Low Levels of Literacy Yes No <i>(select documentation used to verify) ⇒</i>	Copy Of Any Generally Accepted Standardized Test Other Indication That The Applicant Cannot Read Sufficiently Complete Forms and/or Indicating Applicant Has Math Skills Below The Ninth Grade Level. School Record Of Reading and/or Math Skills Determined Within The Previous 12 Months Of Application Other Applicable Documentation (Specify):	
Are you Homeless Yes No <i>(select documentation used to verify) ⇒</i>	Applicant Statement/Self Attestation, In Limited Cases Self-Certification Telephone Verification Written Statement For Shelter Written Statement From Social Security Agency Written Statement From Shelter Or Persons Providing Assistance Other Applicable Documentation (Specify):	

<p>Runaway:</p> <p>Yes No</p> <p><i>(select documentation used to verify) ⇒</i></p>	<p>Applicant Statement/Self Attestation, In Limited Cases Written Statement From An Individual Providing Temporary Residence Written Statement For Shelter Written Statement From Social Security Agency Other Applicable Documentation (Specify):</p> <hr/>
<p>Youth in, or aged out of, Foster Care:</p> <p><i>(select documentation used to verify) ⇒</i></p>	<p>Statement/Referral From Social Services Agency Foster Care Facility Resident Court/Guardianship Documents Applicant Statement/Self Attestation, In Limited Cases Other Applicable Documentation (Specify):</p> <hr/>
<p>EX-OFFENDER - Individual has been arrested/convicted of a crime</p> <p>Yes No</p> <p><i>(select documentation used to verify) ⇒</i></p>	<p>Self-Attestation Letter From Probation Officer Police Records Court Documents Telephone Verification Letter Of Parole Halfway House Resident Documents From Juvenile/Criminal Justice Juvenile Justice System Case Notes Other Applicable Documentation (Specify):</p> <hr/>
<p>Pregnant/Parenting Youth: Yes No</p> <p><i>(select documentation used to verify) ⇒</i></p>	<p>Self-Attestation Birth Certificate Case Notes</p>
<p>Youth Requires Additional Assistance to Complete an Educational Program or to Secure/Hold Employment:</p> <p>Yes No</p> <p><i>(select documentation used to verify) ⇒</i></p>	<p>RWB Definition Individual Service Strategy Case Notes WIOA Registration Self-Attestation State MIS</p>
<p>Out-of-Home Placement: Yes No</p> <p><i>(select documentation used to verify) ⇒</i></p>	<p>Letter From Appropriate State/Local Social Service Agency Self-Attestation Other Applicable Documentation (Specify):</p> <hr/>
<p>Eligible under Section 477 of the Social Security Act:</p> <p>Yes No</p> <p><i>(select documentation used to verify) ⇒</i></p>	<p>Letter From Appropriate State/Local Social Service Agency Self-Attestation Other Applicable Documentation (Specify):</p> <hr/>

INCOME INFORMATION			
Due to the individual's disability, they qualify as a Family of 1:		Yes	No
Family Size: _____			
<i>Select the documentation used to verify family size:</i>			
Other Applicable Documentation (specify): _____			
What is your annualized family income: \$ _____ <i>(select documentation used to verify) ⇒</i>		Two Most Recent Pay Stubs Employment Verification Form Self-Employment Verification Form Self-Attestation (In Limited Cases)	
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		_____ Parent or Guardian Signature	
_____ Date		_____ Date	

NAME:

MEDICAL AND DISABILITY RELATED RELEASE OF INFORMATION

Response is voluntary – only complete this form if you have an association with Rehabilitation Services which you wish to disclose.

In accordance with 29 CFR 32.15(b)(1) and (2) (as incorporated by reference into the WIOA nondiscrimination regulations by 29 CF 37.3(b)), before asking any applicant, employee, participant or other individual questions that may lead to the disclosure of any type of medical or disability-related information, please be informed:

- (1) Providing the information is voluntary
- (2) This information will be kept confidential as provided by laws.
- (3) Refusal to provide the information will not subject the applicant employee or participant to any adverse treatment.
- (4) The information given will be used only in accordance with the law.

All records containing medical or disability – related information, including information relating to an individual's disability status, are kept in separate files, apart from all other information about a particular individual; stored securely, with limited access.

RELEASE OF INFORMATION:

I authorize the release of my information to the Career Advisor for the Workforce Innovation and Opportunity Act (WIOA) Adult & Dislocated Worker Programs and Services. I further authorize the release of information to 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 Rehabilitation Services. This authorization to gather information about me and share necessary and pertinent information about me is given with the understanding that the information will be used in a confidential and responsible manner.

Applicant Signature

Date

Parent or Guardian Signature

Date