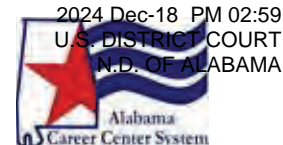




ALABAMA WORKFORCE DEVELOPMENT

CUSTOMER INFORMATION



TO DETERMINE WHAT SERVICES MAY BE APPROPRIATE, PLEASE PROVIDE THE FOLLOWING INFORMATION

Application Date		Agency Name		Employment Representative Name	

Social Security Number		Name: First, Middle Initial, Last			

Address		City	State	

Zip Code	County of Residence	Area Code	Telephone Number	

Message Telephone Number		Cellular Telephone Number	E-mail Address	

Date of Birth	Age	Gender	United States Citizen	Selective Service
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Ethnicity/Race				
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American				
<input type="checkbox"/> Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Does not declare a race <input type="checkbox"/> Hawaiian Native/Pacific Islander				

(Circle) Highest Grade Completed	High School Diploma	G.E.D.	Completion Certificate w/ a disability	Certification or Degree	
1 2 3 4 5 6 7 8 9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Some College <input type="checkbox"/> Tech. or Voc. Cert <input type="checkbox"/> AA/AS <input type="checkbox"/> BS/BA <input type="checkbox"/> MA	

Attending College	Number of Years	Name of High School or College	Curriculum	GPA
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Primary Language	Limited English	Declaration of Disability	Category of Disability	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Physical/Chronic Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Vision related <input type="checkbox"/> Hearing related	
<input type="checkbox"/> Mental Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> Participant did not disclose type				

Veteran	Campaign Related	Disabled Veteran	Branch	Date Enlisted	Separation Date	Transitional Service
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes Sp. <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status:		Are you the Spouse or the Surviving Spouse of a Veteran?		Received any Veteran Benefits?	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List all Household Members: <small>Use additional sheets if necessary</small>		Relationship	Age	Gender	Amount	Income Source (last 6 months)
		Self				

Total Dependents in Household: _____		Total Household Income: _____	
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Do you receive:	
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Public Assistance	If Yes, which:	Unemployment Compensation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TANF <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> SSI	<input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee <input type="checkbox"/> None	

Homeless	Foster Child	High School Drop Out	Pregnant or Parenting	Migrant or Seasonal Farm Worker
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Justice System: Have you been subject to juvenile or adult justice system (as defined by USDOL)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Both	

Work History (List Last Three) Employer Name:	Start Date	End Date	Reason Job Ended	Job Title and Job Duties Performed	Wage per hour	Hours per Week

When are you available for work? _____ What salary do you require? _____

What work tasks do you enjoy? _____

What tools/equipment can you operate? _____

What is your Employment Goal? _____

How can we help you reach this goal? _____

What geographical area are you looking for employment? _____

Are you willing to travel or relocate? _____ If yes, how far: _____

Are you seeking full or part time employment? _____ Are you willing to work night shifts and weekends: _____

Do you have your own mode of transportation or do you rely on public transportation? _____

Do you need information on the following: ☐ Day Care ☐ Housing ☐ Clothing ☐ Transportation ☐ Food ☐ Other: _____

Pell Grant/Student Loan/FASFA: ☐ Applied for a PELL GRANT ☐ Not eligible for a PELL GRANT ☐ Currently receiving a PELL GRANT

☐ Need information on applying for FASFA ☐ Receiving Student Loan ☐ Repaying Student Loan ☐ Student Loan in Default: _____

☐ I have been enrolled in a Federal or State Employment Program (i.e. WIA, WIOA, AIDT, etc) When: _____

Explain: _____

CERTIFICATION: I attest that the information stated above is true and accurate and understand that the above information, if misrepresented or incomplete, may be grounds for penalties as specified by law. I grant permission for any information on this form to be verified for eligibility determination.

Signature: _____

Parent/Guardian Signature: _____

Date: _____

Date: _____

YOUTH ONLY (For Staff Use Only)

Out of School Youth Barriers (16-24) Check all that apply

☐ School Dropout ☐ Within age of compulsory school attendance ☐ H.S Grad/GED/Low Income & BSD or Eng. Learner ☐ Offender

☐ Homeless or Runaway ☐ Foster Care ☐ Pregnant/Parenting ☐ Disability ☐ Low-income who needs additional assistance

In-School Youth Barriers (14-21) Check all that apply

☐ Basic skills deficient ☐ English language learner ☐ Offender ☐ Homeless or Runaway

☐ Foster Care ☐ Pregnant/Parenting ☐ Disability ☐ Low-income who needs additional assistance

Eligibility (For Staff Use Only)

<p>200% of poverty line</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Dislocated Worker Category: Dislocation date: _____</p> <p><input type="checkbox"/> Terminated or laid off, eligible for UI & unlikely to return to industry <input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Terminated or laid off from permanent or substantial closing <input type="checkbox"/> Self-Displaced Homemaker</p> <p><input type="checkbox"/> Spouse of Armed Forces who lost employment due to duty station or un/under employment</p>	<p>National Emergency Grant</p> <p><input type="checkbox"/> Dislocation due to disaster</p> <p><input type="checkbox"/> Long-term Unemployed</p> <p><input type="checkbox"/> Dislocated Worker</p>
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Reviewed by Signature: _____ **Date:** _____

For Skills Assessment/Review: www.careerinfonet.org/skills www.myskillsmyfuture.org www.mynextmove.org