

GWS Customer Application Please return to : P.O. Box 8539, Warner Robins, GA 31095

Welcome to Georgia's Workforce Development System. Please answer the following questions. The information you provide will be used to help you compete for job, qualify for training, and/or receive other services through the Georgia's Workforce Development System.

Customer Information

Application Date: _____

1. Social Security Number	2. First Name	3. MI	4. Last Name	5. Suffix	6. Birth Date	7. Age	8. County
9. Please indicate if this customer's application is related to Georgia drought. Yes _____ No _____							
10. Mailing Address (Street)				11. City		12. State	13. Zip Code
14. Resident Address (If different than Mailing Address)				15. City		16. State	17. Zip Code
18. Telephone Number ()	19. FAX Number ()	20. Cell Number ()		21. E-mail Address			

Message/Contact Information

22. First Name	23. Last Name	24. Telephone Number ()
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25. Gender M F	26. Citizenship Yes No	27. Alien Registration #: _____ Alien Exp. Date: ____/____/____	28. Are you of Hispanic Origin? Yes No	29. Race (Circle all that apply) White Black Asian Pacific Isle Native Amer. INA/Other							
30. Are you a TANF Recipient? Yes No TANF Case #: _____ TANF Client ID #: _____		31. Foster Child (Independent Living Program) Yes No		32. Grandparent Raising Grandchildren Program Yes No		33. Medicaid Recipient Program Yes No					
34. Are you a Non-Custodial Parent? Yes No		35. Are you receiving Food Stamps? Yes No		36. Do you need an Interpreter? Yes No		37. If yes, in what Language? _____		38. Other Language? _____		39. Do you have a disability Yes No	

40. List any unsolicited special accommodations customer requested: _____

41. Education Level: Circle the highest grade completed: 0 1 2 3 4 5 6 7 8 9 10 11 12

___ 13 (no Post-Secondary Certificate)	___ 13 (with Post-Secondary Certificate)	___ High School Diploma
___ 14 (no Post-Secondary Certificate)	___ 14 (with Post-Secondary Certificate)	___ Certificate of Attend/Completion
___ 15 (no Post-Secondary Certificate)	___ 15 (with Post-Secondary Certificate)	___ Tech. College (Degree or Cert.)
___ 16 (no Post-Secondary Certificate)	___ 16 (with Post-Secondary Certificate)	___ AAS Degree
___ 17 (no Post-Secondary Certificate)	___ 17 (with Post-Secondary Certificate)	___ Associates Degree
___ 18 (no Post-Secondary Certificate)	___ 18 (with Post-Secondary Certificate)	___ Bachelors Degree
___ 19 (no Post-Secondary Certificate)	___ 19 (with Post-Secondary Certificate)	___ Masters Degree
	___ 20 (with Post-Secondary Certificate)	___ Doctoral Degree

42. High School Graduate? Yes No	43. If No, GED Graduate? Yes No	44. Currently attending school? ___ NO – Not in school, HS Grad/GED ___ YES, In School, HS or less ___ YES, In School, Alternative School If yes, Name of School _____ If attending Post HS, Program of Study: _____ Start Date: _____	46. Dislocated Worker: ___ No ___ Non-Substantial ___ Closure/Substantial ___ Self-Employed ___ Displaced Homemaker ___ Dislocated Related to a Disaster
45. Are you currently employed? ___ No (Not Employed) ___ Yes (Employed) Yes (Employed, rec. Notice of Termination) Yes, rec. Notice of Military Sep.		47. Date of Dislocation: _____	
48. BRAC Customer: ___ Not BRAC ___ Military Civilian/Contractor ___ Military Spouse Military Dependent/Family Member Civil-Non-DOD Related		49. BRAC Base: _____	

50. Equal Opportunity Notification: (Customer Rights) Yes No	51. Intake Notes: _____ _____ _____
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Work History

Social Security Number	Name
Please give us information about your present and/or past jobs. The information you provide will be used to help you find a job, qualify for training, and/or receive other services through Georgia's Workforce Development System.	

Employer Information

Current or Last Employer

52. Employer Name		53. City	54. State	55. Foreign Country (If US, leave this field blank.)
56. Self Employed? Yes No	57. Benefits Offered <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Medical Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation	58. Reason for Leaving <input type="checkbox"/> Laid Off, Lack of Work <input type="checkbox"/> Quit, Resigned <input type="checkbox"/> Discharged, Fired, Terminated <input type="checkbox"/> Suspended <input type="checkbox"/> Military Separation <input type="checkbox"/> Retirement <input type="checkbox"/> Still Employed <input type="checkbox"/> Business Closed <input type="checkbox"/> Other (Specify Below) _____	59. TANF Activity: <input type="checkbox"/> Comm. Work Experience <input type="checkbox"/> Work Supp. <input type="checkbox"/> NA	60. Notes: _____ _____ _____ _____ _____ _____ _____
61. Start Date ____/____/____				
62. End Date ____/____/____				

Job Position Information

Job Duties

62. Job Title	63. DOT Code	64. Mths Worked	65. Hrs/Wk	66. Salary \$	67. Use job title for job search? Yes No
68. Job Duties (Please describe what you did on this job and indicate the tools used to do the job): _____ _____ _____ _____					

Employer Information

Previous Employer

69. Employer Name		70. City	71. State	72. Foreign Country (If US, leave this field blank.)
73. Self Employed? Yes No	74. Benefits Offered <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Medical Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation	75. Reason for Leaving <input type="checkbox"/> Laid Off, Lack of Work <input type="checkbox"/> Quit, Resigned <input type="checkbox"/> Discharged, Fired, Terminated <input type="checkbox"/> Suspended <input type="checkbox"/> Military Separation <input type="checkbox"/> Retirement <input type="checkbox"/> Still Employed <input type="checkbox"/> Business Closed <input type="checkbox"/> Other (Specify Below) _____	76. TANF Activity: <input type="checkbox"/> Comm. Work Experience <input type="checkbox"/> Work Supp. <input type="checkbox"/> NA	77. Notes: _____ _____ _____ _____ _____ _____ _____
78. Start Date ____/____/____				
79. End Date ____/____/____				

Job Position Information

Job Duties

80. Job Title	81. DOT Code	82. Mths Worked	83. Hrs/Wk	84. Salary \$	85. Use job title for job search? Yes No
86. Job Duties (Please describe what you did on this job): _____ _____ _____ _____					

Work History

Social Security Number	Name
Please give us information about your present and/or past jobs. The information you provide will be used to help you find a job, qualify for training, and/or receive other services through Georgia's Workforce Development System.	

Employer Information

Previous Employer

87. Employer Name		88. City	89. State	90. Foreign Country (If US, leave this field blank.)
91. Self Employed? Yes No	92. Benefits Offered <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Medical Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation	93. Reason for Leaving <input type="checkbox"/> Laid Off, Lack of Work <input type="checkbox"/> Quit, Resigned <input type="checkbox"/> Discharged, Fired, Terminated <input type="checkbox"/> Suspended <input type="checkbox"/> Military Separation <input type="checkbox"/> Retirement <input type="checkbox"/> Still Employed <input type="checkbox"/> Business Closed <input type="checkbox"/> Other (Specify Below)	94. TANF Activity: <input type="checkbox"/> Comm. Work Experience <input type="checkbox"/> Work Supp. <input type="checkbox"/> NA	95. Notes: _____ _____ _____ _____ _____ _____ _____ _____
96. Start Date ____/____/____				
97. End Date ____/____/____				

Job Position Information

Job Duties

98. Job Title	99. DOT Code	100. Mths Worked	101. Hrs/Wk	102. Salary \$	103. Use position title for job search? Yes No
104. Job Duties (Please describe what you did on this job): _____ _____ _____ _____					

Employer Information

Previous Employer

105. Employer Name		106. City	107. State	108. Foreign Country (If US, leave this field blank.)
109. Self Employed? Yes No	110. Benefits Offered <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Medical Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation	111. Reason for Leaving <input type="checkbox"/> Laid Off, Lack of Work <input type="checkbox"/> Quit, Resigned <input type="checkbox"/> Discharged, Fired, Terminated <input type="checkbox"/> Suspended <input type="checkbox"/> Military Separation <input type="checkbox"/> Retirement <input type="checkbox"/> Still Employed <input type="checkbox"/> Business Closed <input type="checkbox"/> Other (Specify Below)	112. TANF Activity: <input type="checkbox"/> Comm. Work Experience <input type="checkbox"/> Work Supp. <input type="checkbox"/> NA	113. Notes: _____ _____ _____ _____ _____ _____ _____ _____
114. Start Date ____/____/____				
115. End Date ____/____/____				

Job Position Information

Job Duties

116. Job Title	117. DOT Code	118. Mths Worked	119. Hrs/Wk	120. Salary \$	121. Use job title for job search? Yes No
122. Job Duties (Please describe what you did on this job): _____ _____ _____ _____					

Expanded Customer Information Intake/Update (Additional Skills/Profile)

Social Security Number	Name
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List any post-high school education and/or training you have ATTEMPTED or COMPLETED. Include colleges, universities, technical schools/colleges and/or military training beyond Basic Training.

Colleges/Tech Schools/Military Schools

140. School Name	141. Degree/Certificate	142. Major	143. Year

Veteran Information

144. Veteran Status:
 Not A Veteran
 Vietnam Veteran w/Badge
 Vietnam Veteran w/o Badge
 Other Veteran w/Badge
 Other Veteran w/o Badge
 Eligible Spouse

NOTE: An eligible spouse is a spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or a MIA/POW.

<p>145. Most Recent Service:</p> <p>Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Reserves/Nat'l Guard</p> <p>Date Entered: ____/____/____ Date discharged: ____/____/____</p> <p>Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Medical <input type="checkbox"/> Other</p>	<p>146. Previous Service:</p> <p>Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Reserves/Nat'l Guard</p> <p>Date Entered: ____/____/____ Date Discharged: ____/____/____</p> <p>Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Medical <input type="checkbox"/> Other</p>
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<p>147. Service Connected Disability:</p> <p>Yes No</p> <p>If yes, _____%</p>	<p>148. Category:</p> <p><input type="checkbox"/> Not a Disabled Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled Veteran</p>	<p>149. Homeless Veteran:</p> <p>Yes No</p>	<p>150. Transition Assistance Program</p> <p>Start Date: ____/____/____</p> <p>End Date: ____/____/____</p>
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<p>151. Summer Youth: Are you a student applying for summer work only? Yes No</p>	<p>152. MSFW: Have you worked on a farm or in a food processing plant during the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Migrant Food Processor Worker</p>	<p>153. TOPPSTEP Yes No</p> <p>Start Date ____/____/____</p>
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154. Intake Notes:

**Georgia Workforce System-MGCI
Household Members Work History
(Do not include yourself)**

List each member of your family (**persons living in the same household as you**) who is employed or has been employed **within the past three (3) years**. Please **include all employment** for the person including temporary employment, seasonal work, day work, half-day work, part-time employment, self-employment, baby-sitting, cutting grass, odd jobs, etc.

Name _____ SS# _____ Relationship _____
Company Name & Address _____
Employed From _____ to _____ Pay per hour _____ Hours per week _____

Name _____ SS# _____ Relationship _____
Company Name & Address _____
Employed From _____ to _____ Pay per hour _____ Hours per week _____

Name _____ SS# _____ Relationship _____
Company Name & Address _____
Employed From _____ to _____ Pay per hour _____ Hours per week _____

Name _____ SS# _____ Relationship _____
Company Name & Address _____
Employed From _____ to _____ Pay per hour _____ Hours per week _____

Name _____ SS# _____ Relationship _____
Company Name & Address _____
Employed From _____ to _____ Pay per hour _____ Hours per week _____

Name _____ SS# _____ Relationship _____
Company Name & Address _____
Employed From _____ to _____ Pay per hour _____ Hours per week _____

Name _____ SS# _____ Relationship _____
Company Name & Address _____
Employed From _____ to _____ Pay per hour _____ Hours per week _____

Name _____ SS# _____ Relationship _____
Company Name & Address _____
Employed From _____ to _____ Pay per hour _____ Hours per week _____

Name _____ SS# _____ Relationship _____
Company Name & Address _____
Employed From _____ to _____ Pay per hour _____ Hours per week _____

Customer Contacts
Middle Georgia Consortium, Inc.
124 Osigian Blvd., Suite A
Warner Robins, GA 31088

Date	Name	SSN
NOTE: The customer must provide the name and contact information of at least five people we can use to contact you in case we cannot locate you at the address and or telephone number recorded on the Customer Application. Failure to provide five contacts will result in non-enrollment into the Workforce Investment Act Program.		
(1) Contact Name: _____ Relationship to you: _____ Street Address: _____ City/State/ZIP: _____ Telephone #: _____ Cell #: _____ Email Address: _____ Best Time to Contact: _____		
Contact Verified: Yes No Date Verified: _____		
(2) Contact Name: _____ Relationship to you: _____ Street Address: _____ City/State/ZIP: _____ Telephone #: _____ Cell #: _____ Email Address: _____ Best Time to Contact: _____		
Contact Verified: Yes No Date Verified: _____		
(3) Contact Name: _____ Relationship to you: _____ Street Address: _____ City/State/ZIP: _____ Telephone #: _____ Cell #: _____ Email Address: _____ Best Time to Contact: _____		
Contact Verified: Yes No Date Verified: _____		
(4) Contact Name: _____ Relationship to you: _____ Street Address: _____ City/State/ZIP: _____ Telephone #: _____ Cell #: _____ Email Address: _____ Best Time to Contact: _____		
Contact Verified: Yes No Date Verified: _____		
(5) Contact Name: _____ Relationship to you: _____ Street Address: _____ City/State/ZIP: _____ Telephone #: _____ Cell #: _____ Email Address: _____ Best Time to Contact: _____		
Contact Verified: Yes No Date Verified: _____		

WIA Customer Contacts 4/1/09

MGCI GWS Customer Application 4/14/10

We Are An Equal Opportunity Employer/Program with
 Auxiliary Aids, and Services Available Upon Request to Individuals with Disabilities

**Family Composition and Address Verification
Workforce Development System
Middle Georgia Consortium, Inc.
124 Osigian Blvd., Suite A
Warner Robins, GA 31095**

I, _____ live at _____
Customer Name Street Address, City, State and ZIP Code

with the following family members.

Name of Family Members (Including Customer)	Relationship to Customer	Age	Social Security Number
1.	SELF		
2.			
3.			
4.			
5.			
6.			
7.			
8.			

PLEASE READ BEFORE SIGNING

NOTE: Falsification of data on this form is a crime against Federal and State Laws. Falsification of or concealment of information is punishable by a fine or imprisonment or both and will require repayment of any monies paid to or on behalf of the customer while participating in a Middle Georgia Consortium Employment and Training Program.

_____/_____
Customer Signature Date

_____/_____
Parent/Guardian Signature (if Customer is under 18) Date

FOR OFFICE USE ONLY:	
TOTAL FAMILY MEMBERS: _____	C.F's Signature _____ / _____ Date

Income Checklist
Workforce Development System
Middle Georgia Consortium, Inc.
124 Osigian Blvd., Suite A
Warner Robins, GA 31095

I. Customer Name: _____		SSN: ____/____/____
<p>II. Please check each item that you or your immediate family member (s) (you and family members listed on the Family Composition and Address Verification Form) have received in the past six (6) months.</p>		
<p>Public Assistance</p> <p>TANF \$ _____</p> <p>Food Stamps \$ _____</p> <p>SSIS \$ _____</p> <p>Social Security</p> <p>Disability \$ _____</p> <p>Survivors \$ _____</p> <p>Old Age (Survivors) \$ _____</p> <p>Insurance Payments</p> <p>Disability \$ _____</p> <p>Death \$ _____</p> <p>Settlement \$ _____</p>	<p>Other Income</p> <p>Retirement \$ _____</p> <p>Alimony \$ _____</p> <p>Weekly Worker's Compensation \$ _____</p> <p style="text-align: center;">Pension Payment</p> <p>Annuity Payments \$ _____</p> <p>Child Support \$ _____</p> <p>Inheritance \$ _____</p> <p>Gambling/Lottery \$ _____</p> <p>Rental Income \$ _____</p> <p>Unemployment Benefits \$ _____</p> <p>Strike/Union Benefits \$ _____</p> <p>Income from Estate \$ _____</p> <p>Interest on Savings \$ _____</p> <p>Interest on CDs \$ _____</p> <p>Interest on Savings \$ _____</p> <p>Interest on CDs \$ _____</p> <p>TRA/TAA Payments \$ _____</p>	<p>Military Income</p> <p>Active Duty Pay \$ _____</p> <p>S/C Disability Payments \$ _____</p> <p>S/C Death Payments \$ _____</p> <p>Veteran's Education Payments \$ _____</p> <p>Military Allotment(s) \$ _____</p> <p>College/University/Tech College Grants</p> <p>--- Hope \$ _____</p> <p>--- Pell \$ _____</p> <p>--- SEOG \$ _____</p> <p>--- Ga. Tuition Assistance \$ _____</p> <p>Scholarship(s) \$ _____</p> <p>Fellowship(s) \$ _____</p> <p>Student Loan(s) \$ _____</p> <p>Fellowship(s) \$ _____</p> <p>Assistantship(s) \$ _____</p>
<p>III. If none of the above applies, please indicate: how you have been supported for the past six months? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>IV. Customer Attestation</p> <p>I attest that the claim(s) made above are true and accurate to the best of my knowledge.</p> <p style="text-align: center;">_____/_____</p> <p>Customer Signature Date</p>	

MGCI-WIA-IC 7/02 (Income Checklist)

WORKFORCE DEVELOPMENT SYSTEM

Service Request

Please check all services you are interested in knowing about

Customer Name: _____

Social Security Number: _____

FINDING A JOB

- | | | |
|---|--|---|
| <input type="checkbox"/> Information about Employers | <input type="checkbox"/> Information about Industries | <input type="checkbox"/> Find Job Leads |
| <input type="checkbox"/> Use the Internet to find Job Leads | <input type="checkbox"/> Use the Telephone to find Job Leads | <input type="checkbox"/> Resume and Cover Letters |
| <input type="checkbox"/> Job Applications | <input type="checkbox"/> Interviewing Skills | |

CHOOSING THE RIGHT JOB

- | | | |
|--|--|--|
| <input type="checkbox"/> Identify my Skills | <input type="checkbox"/> Explore Careers | <input type="checkbox"/> Learn about Wages |
| <input type="checkbox"/> Find Outlook for Jobs | <input type="checkbox"/> Set Goals | |

ASSESS MY

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Typing Speed | <input type="checkbox"/> Job Interest | <input type="checkbox"/> Job Aptitudes |
|---------------------------------------|---------------------------------------|--|

SUCCEEDING ON A JOB

- | | | |
|--|--|---|
| <input type="checkbox"/> Tips on Keeping a Job | <input type="checkbox"/> Tips for Advancing on a Job | <input type="checkbox"/> Tips for Improving my Skills |
|--|--|---|

SEEKING ADVANCEMENT

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Training/Education Goals | <input type="checkbox"/> Schools | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Exploring "Hot" Jobs | | |

ADDITIONAL ASSISTANCE

- | | | |
|--|--|---|
| <input type="checkbox"/> Housing, Food, Shelter | <input type="checkbox"/> Clothing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Bonding |
| <input type="checkbox"/> Financial/Stress Management | <input type="checkbox"/> Health | |
| <input type="checkbox"/> Other _____ | | |

Customer Signature: _____ Date: _____