

# 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. <span style="float: right;">Yes _____ No _____</span>							
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: _____	___ NO – Not in school, HS Dropout ___ Yes, In School, Post HS
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45. Are you currently employed? ___ No (Not Employed) ___ Yes (Employed) Yes (Employed, rec. Notice of Termination)    Yes, rec. Notice of Military Sep.		46. Dislocated Worker: ___ No ___ Non-Substantial ___ Closure/Substantial ___ Self-Employed ___ Displaced Homemaker    ___ Dislocated Related to a Disaster	
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): _____ _____ _____					

# Customer Skills/Profile

Social Security Number	Name
Please give us information about your skills. 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.	

## Employment Information

<b>123. Interests</b>	
1 <sup>st</sup> DOT: _____ Mths Exp: _____ End Date: ____/____/____ Title: _____	
2 <sup>nd</sup> DOT: _____ Mths Exp: _____ End Date: ____/____/____ Title: _____	
3 <sup>rd</sup> DOT: _____ Mths Exp: _____ End Date: ____/____/____ Title: _____	
4 <sup>th</sup> DOT: _____ Mths Exp: _____ End Date: ____/____/____ Title: _____	
<b>124. Special Information:</b> _____ _____ _____	<b>125. Special Activities</b> __ VR&E    __ VR&E __ DJJ        __ DJJ __ PROVET    __ PROVET

## Skills

<b>126. Machines, Tools, Software, etc. Customer has experience with. (Does client own tools for a job?).</b>		
Computer/Software: _____		
Clerical: _____		
Machines/Tools: _____		
<b>127. If you type, what is your typing speed?</b>  _____ Words/Minute	<b>128. Typing Test Results</b>  _____ S    R    W _____ S    R    W _____ S    R    W _____ S    R    W	<b>129. Licenses:</b>  Driver's License:    None    Regular    Commercial (CDL)  Class:    A    B    C(Auto, Light Truck)    Provisional (D)    Motorcycle (M)  If Customer has CDL, circle all CDL Endorsements obtained: Hazardous Material (H)    Tank (N)    Passenger (P)    Double/Triple (T)    Hazmat-Tank Combined (X)  List any current professional licenses you hold: _____ _____ _____
<b>131. Work Readiness Certificate Level:</b> <u>      </u> Bronze <u>      </u> Silver <u>      </u> Gold <u>      </u> Platinum		

## Employment Preferences (What would you prefer on your next job?)

<b>132. Job Duration (Check all that apply.)</b> __ Any __ Short-term Only __ Permanent Only	<b>133. Shift: (Check all that apply.)</b> __ First (Day) __ Second (Evening) __ Third (Night) __ Rotating	<b>134. Min. Salary</b> \$ _____ __ Hour __ Week __ Month __ Year __ Other	<b>135. Work Week (Check all that apply.)</b> __ Any __ Full-Time (30hrs/wk or more) __ Part-Time (less than 30hrs/wk)	<b>136. Do you need Public Transportation Needed?</b> Yes                      No <b>137. Number of miles you are willing to commute:</b> _____ Miles <b>138. Are you willing to relocate?</b> Yes    No If yes, where? _____
<b>139. Preferred Employers: List up to three employers for whom you would especially like to work.</b>				
1. _____		2. _____		3. _____

# 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><b>145. Most Recent Service:</b></p> <p><b>Branch:</b>    <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><b>Date Entered:</b> ____/____/____    <b>Date discharged:</b> ____/____/____</p> <p><b>Discharge:</b>    <input type="checkbox"/> Honorable    <input type="checkbox"/> Dishonorable    <input type="checkbox"/> Medical    <input type="checkbox"/> Other</p>	<p><b>146. Previous Service:</b></p> <p><b>Branch:</b>    <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><b>Date Entered:</b> ____/____/____    <b>Date Discharged:</b> ____/____/____</p> <p><b>Discharge:</b>    <input type="checkbox"/> Honorable    <input type="checkbox"/> Dishonorable    <input type="checkbox"/> Medical    <input type="checkbox"/> Other</p>
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<p><b>147. Service Connected Disability:</b></p> <p>Yes                  No</p> <p>If yes, _____%</p>	<p><b>148. Category:</b></p> <p><input type="checkbox"/> Not a Disabled Veteran  <input type="checkbox"/> Disabled Veteran  <input type="checkbox"/> Special Disabled Veteran</p>	<p><b>149. Homeless Veteran:</b></p> <p>Yes                  No</p>	<p><b>150. Transition Assistance Program</b></p> <p>Start Date: ____/____/____</p> <p>End Date:    ____/____/____</p>
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<p><b>151. Summer Youth:</b> Are you a student applying for summer work only?  Yes                  No</p>	<p><b>152. MSFW:</b> 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><b>153. TOPPSTEP</b>    Yes    No</p> <p>Start Date ____/____/____</p>
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**154. Intake Notes:**

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**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
<b>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.</b>		
<b>(1) Contact Name:</b> _____ <b>Relationship to you:</b> _____ <b>Street Address:</b> _____ <b>City/State/ZIP:</b> _____ <b>Telephone #:</b> _____ <b>Cell #:</b> _____ <b>Email Address:</b> _____ <b>Best Time to Contact:</b> _____		
<b>Contact Verified: Yes No Date Verified: _____</b>		
<b>(2) Contact Name:</b> _____ <b>Relationship to you:</b> _____ <b>Street Address:</b> _____ <b>City/State/ZIP:</b> _____ <b>Telephone #:</b> _____ <b>Cell #:</b> _____ <b>Email Address:</b> _____ <b>Best Time to Contact:</b> _____		
<b>Contact Verified: Yes No Date Verified: _____</b>		
<b>(3) Contact Name:</b> _____ <b>Relationship to you:</b> _____ <b>Street Address:</b> _____ <b>City/State/ZIP:</b> _____ <b>Telephone #:</b> _____ <b>Cell #:</b> _____ <b>Email Address:</b> _____ <b>Best Time to Contact:</b> _____		
<b>Contact Verified: Yes No Date Verified: _____</b>		
<b>(4) Contact Name:</b> _____ <b>Relationship to you:</b> _____ <b>Street Address:</b> _____ <b>City/State/ZIP:</b> _____ <b>Telephone #:</b> _____ <b>Cell #:</b> _____ <b>Email Address:</b> _____ <b>Best Time to Contact:</b> _____		
<b>Contact Verified: Yes No Date Verified: _____</b>		
<b>(5) Contact Name:</b> _____ <b>Relationship to you:</b> _____ <b>Street Address:</b> _____ <b>City/State/ZIP:</b> _____ <b>Telephone #:</b> _____ <b>Cell #:</b> _____ <b>Email Address:</b> _____ <b>Best Time to Contact:</b> _____		
<b>Contact Verified: Yes No Date Verified: _____</b>		

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.	<b>SELF</b>		
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

# 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: \_\_\_\_\_