



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 <input type="checkbox"/> Male <input type="checkbox"/> Female		United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible Non-Citizen		Selective Service <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: _____					
Do you receive:							
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:

Date:

Parent/Guardian Signature:

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)

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

Reviewed by Signature: _____ Date: _____

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