

DISCLAIMER

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WIOA training requires full commitment for a successful outcome. Prior to submitting the application, please consider the following requirements to ensure availability to complete this process.

- **1-2 VISITS** will be required to our office for an assessment for a minimum of 2 hours. Please note additional assessments/visits may be required.
- **1 VISIT** will be required to our office to sign your enrollment agreement for a minimum of 1 hour

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Please be aware that WorkSource Cobb/CobbWorks reserves the right to require a student to repay any funds expended for the purposes of training for the following reasons:

- A student **voluntarily quits** a training program
- A student is dismissed from a training program due to **non-compliance**
- **Attendance** or **behavioral issues**
- A student **fails to take industry exams** associated with the training program

Thank you for taking the time to consider this process
and we look forward to working with you.

Training Application Documentation Checklist

Please complete this page and use it as the cover sheet for your application packet. Attach ALL required documentation (see below) to the application. Review the lists below and check to indicate you have included the required documentation to determine your eligibility. Complete this form after you complete the application.

Due to each customer's unique circumstances and external variables such as school schedules, we are unable to estimate a definite time frame for completing the process.

GENERAL DOCUMENTATION: All Applicants		
Required Documentation	Confirm Attached	OFFICE USE ONLY Date Verified
Original, signed WIOA Application (pages 2-6 of this packet)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Georgia Work Ready registration (www.workreadyga.org)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of State Issued Picture ID (Driver's License, ID, or Passport)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Alien Registration/INS Work Authorization Registration (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Proof of Residence ONLY if your Driver's License or ID is not your current address: lease agreement or utility bill	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Selective Service Registration (if you are a male born on or after 1/1/1960) Visit www.sss.gov for verification or more information.	<input type="checkbox"/>	<input type="checkbox"/>
Current Résumé (If you do not have a current résumé, you may register at EmployGa.org to create one before submitting your application.)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of DD214 if you are a Veteran (For a copy, go to www.archives.gov/veterans)	<input type="checkbox"/>	<input type="checkbox"/>
Grievance Form (to be completed in-person at WorkSource Cobb)	<input type="checkbox"/>	<input type="checkbox"/>
Other:		

ELIGIBILITY: Dislocated Worker		
Required Documentation (Submit both of these documents if applicable)	Confirm Attached	OFFICE USE ONLY Date Verified
Copy of Separation Notice/Letter from Employer	<input type="checkbox"/>	<input type="checkbox"/>
Copy of a (current) Unemployment Insurance Claims Examiner's Determination Letter confirming reason for receiving U.I. Benefits or a current Unemployment Insurance Payment Inquiry Screen (see examples)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of spouse's separation notice & determination letter (Only if Displaced Homemaker)	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE DO NOT SUBMIT INCOMPLETE APPLICATIONS. Applicants are responsible for ensuring all required documentation is attached to the application. Missing documentation will delay the processing of your application. You will receive a written response to your application and instructions for next steps within seven days of its receipt at WorkSource Cobb. Thank you.

Unemployment Insurance Verification Examples

EXAMPLE 1:

GEORGIA DEPARTMENT OF LABOR		
CLAIMS EXAMINER'S DETERMINATION		
SSN _____	CAREER CENTER	2500
BYB _____ 10/16/14	2500	2500
CWB _____ 10/12/14	GAINESVILLE	
	2756 ATLANTA HIGHWAY	
	GAINESVILLE, GEORGIA 30504	
	FAX # (770) 531-5699	

CLAIMANT	EMPLOYER
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SECTION I - CLAIM DETERMINATION

Benefits are allowed as of 10/12/14.

SECTION II - LEGAL BASIS FOR DETERMINATION

Section 34-8-194 (2) (A) of the Employment Security Law says that you cannot be paid unemployment benefits if you were fired from your most recent employer for not following your employer's rules or orders. In addition, you may not be paid unemployment benefits if you were fired for failing to perform the duties for which you were hired, if that failure was within your control. You also cannot be paid benefits if you were suspended for any of these same reasons. The law says that your employer has to show that discharge or suspension was for a reason that would not allow you to be paid unemployment benefits. If you cannot be paid unemployment benefits under this section of the law, you may qualify at a later time. To do this, you must find other work and earn wages covered under unemployment law. The covered wages must be at least ten times the weekly amount of your claim. If you then become unemployed through no fault of your own, you may reapply for unemployment benefits.

SECTION III - REASONING

You were let go by your employer because there was no work to do. You are unemployed due to a lack of work. You can be paid unemployment benefits.

EXAMPLE 2:

BP22	PAYMENTS INQUIRY	12/12/14
PAGE 002	SSN _____	BYE 15 11:01:46
		# BUCKETS 008
REGULAR	MBA \$5,940 WBA \$330 POT WKS 18	PAID-TO-DATE \$2,310 BALANCE \$3,630

TYPE / PYMT	NUMBER	DD	DD	DD	DD
PYMT DATE / BEGIN	NE	12 11 14	12 12 14	12 12 14	12 12 14
WED / END	NE	12 06 14	11 22 14	11 29 14	
PYMT AMOUNT		\$330	\$330	\$330	
EARNINGS					
TYPE PAYMENT					
TYPE DEDUCTION					
PAYMENT STATUS	DATE	12 11 14	12 12 14	12 12 14	
NOT ELIG/ CANCEL					
RETIREMENT AMOUNT					
FUND / OVERRIDE		UI	UI	UI	
OP OFFSET AMOUNT					

PF:	1-HELP	3-PREVMENU	4-MN00	5-MD77	6-WG15	8-FRWD	9-NM55
NA:	11-NA	13-PREVTRAN					

PART I: CUSTOMER INFORMATION

Applicant Name: First MI Last			Social Security Number: - -		
Birth Date: / /		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Email:	
Home Phone: ()		Cell Phone: ()		County of Residence:	
Mailing Address:			City:		State: Zip Code:
Government Issued ID:			State of Issue:		Expiration Date:
ADDITIONAL CONTACT: Please list an individual who does not live with you, but can always contact you.					
First MI Last			Relationship to you:		
Home Phone: ()		Cell Phone: ()		Email:	

PART II: ELIGIBILITY INFORMATION

The following are required for eligibility. Answering "no" may affect eligibility for funding.

Eligibility Profile

	YES	NO
Are you currently a resident of Cobb County, or were you last laid off from a business in Cobb County?	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally authorized to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a United States Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
If NO, please complete: Permanent Resident Card # _____ Exp. date _____		
Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
Have you registered for the Selective Service (www.sss.gov)? (Males born on or after 1/1/1960, ONLY)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a high school diploma or GED? (If not, contact our office for information on obtaining your GED)	<input type="checkbox"/>	<input type="checkbox"/>
Have you previously enrolled in WIOA funded training?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please complete the following:

Name of School attended:	Name of Training Program:	Completion Date: (mm/dd/yy)
_____	_____	____ / ____ / ____

Did you complete the training? If NO, why not: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you find a job after you completed the training?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, was the job related to the training you received?	<input type="checkbox"/>	<input type="checkbox"/>

Name of Employer:	Position:	Dates of Employment: (mm/dd/yy)
_____	_____	From ____ / ____ / ____
		To: ____ / ____ / ____

PART III: EDUCATION & TRAINING PROFILE

Education & Training History (This section must be completed)

Type of School	Name of School	# of Years Completed	Did you Graduate?		Name of Degree/Certification
			YES	NO	
High School			<input type="checkbox"/>	<input type="checkbox"/>	
GED Program			<input type="checkbox"/>	<input type="checkbox"/>	
Technical School			<input type="checkbox"/>	<input type="checkbox"/>	
College/University			<input type="checkbox"/>	<input type="checkbox"/>	
Graduate School			<input type="checkbox"/>	<input type="checkbox"/>	
Professional Training			<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO
Do you possess any additional certificates or professional licenses in addition to those listed above?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please specifically describe: _____		

Do you speak any languages other than English? If so, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any problems communicating in English for the purposes of participating in training?	<input type="checkbox"/>	<input type="checkbox"/>

Computer Skills Assessment

Do you have other software application skills? Please specify and describe level of proficiency and training: (Operating systems, programming languages, IT certifications, etc.)

PART IV: Employment & Skills Profile

Driver's License & Transportation Information

	YES	NO
Do you have a valid driver's license? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur	<input type="checkbox"/>	<input type="checkbox"/>
What is your primary means of transportation to training and/or work?: _____		
Have you had any accidents in the past three years? If YES, how many? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any moving violations during the past three years? If YES, how many? _____	<input type="checkbox"/>	<input type="checkbox"/>

Military Profile

	YES	NO
Have you ever been in the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>
Are you now a member of the National Guard?	<input type="checkbox"/>	<input type="checkbox"/>
Are you the spouse of a veteran?	<input type="checkbox"/>	<input type="checkbox"/>

Criminal Background

	YES	NO
Have you ever had any misdemeanor or felony convictions?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation in the space below.		
1 st Conviction Date: _____		
2 nd Conviction Date: _____		
3 rd Conviction Date: _____		

NOTE: WIOA training assistance applicants may be **tested for illegal drugs** as a requirement of their training programs.

Work Experience

This section **MUST** be completed even if your resume is attached.

Please list your work experience for the past 8 years beginning with your most recent job held.

Name of Employer:		Job Title:	
Employment Dates: (mm/dd/yy)	Wage/Salary	City	State
From / / To / /	Start Finish		
Reason for leaving job (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
Name of Employer:		Job Title:	
Employment Dates: (mm/dd/yy)	Wage/Salary	City	State
From / / To / /	Start Finish		
Reason for leaving job (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
Name of Employer:		Job Title:	
Employment Dates: (mm/dd/yy)	Wage/Salary	City	State
From / / To / /	Start Finish		
Reason for leaving job (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
Name of Employer:		Job Title:	
Employment Dates: (mm/dd/yy)	Wage/Salary	City	State
From / / To / /	Start Finish		
Reason for leaving job (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

PART V: Signature & Attestation

Please carefully **READ** and **INITIAL** each of the following statements to confirm your understanding of and agreement with provisions and requirements of the WorkSource Cobb WIOA training program:

- _____ I must register on www.workreadyga.org
- _____ I must submit all documents in the specified time frames and attend all scheduled appointments. Failure to do so will result in my incomplete application being denied and me being unable to reapply for 6 months from the date of denial.
- _____ I must maintain at least monthly contact with my Career and Training Advisor (CTA) to maintain eligibility. Failure to do so will result in loss of eligibility status and assistance.
- _____ I must not attend classes or pay in advance for any training that I expect to be paid for by WIOA funding until my individual training plan is completed, signed and approved by my CTA.
- _____ A voucher for payment to the training school is the only approved method of payment under WIOA.
- _____ I must consult with my CTA before signing any loan applications or contracts with schools, loan programs, or other third-party entities.
- _____ The WIOA program does not provide direct reimbursement to the student; I will not be reimbursed for any expenses I pay out of pocket.
- _____ Upon receiving WIOA-funded training assistance, I am obligated to the following:
- Successfully completing the scheduled training program within the established time period.
 - Obtaining the relevant industry recognized credential which may involve additional examinations or testing.
 - Obtaining and retaining employment for at least one year after I am exited from case management with WorkSource Cobb.
 - Providing WorkSource Cobb with employment, credential, and earnings information for at least one year after I am exited from case management with WorkSource Cobb.
 - Promptly returning email, phone, and written communications with WorkSource Cobb staff.
- _____ I understand that TABE (Test of Adult Education) is a requirement of obtaining WIOA funding. I must achieve at least the minimum grade level required by the training program as published on the Eligible Provider List or an 8.0 if not indicated otherwise. Failure to do so will result in a one-time retest. If score is not achieved on retest, I must reapply in 6 months from the retest date.
- _____ During the application process, I must complete a labor market information of my desired occupational field to demonstrate I am a viable candidate for actual positions in the job market after completing my desired training program
- _____ I may be tested for illegal drugs as part of the application process to assess my ability to obtain employment after I complete my training program.
- _____ A criminal background check may be performed as a part of the application process to assess my ability to obtain employment after I complete my training program.

APPLICANT ATTESTATION:

The information I have provided in this application is true and accurate. I understand that any false or misrepresented information may adversely affect my eligibility for services or disqualify me from receiving assistance.

Applicant Signature

Date

Applicant Printed Name