



ALABAMA WORKFORCE DEVELOPMENT CUSTOMER INFORMATION

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



Application Date:		Agency Name Alabama Career Center: Birmingham			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"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Does not declare a race							
(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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of College			Curriculum		GPA
Primary Language	Limited English <input type="checkbox"/> Yes <input type="checkbox"/> No	Declaration of Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Category of Disability <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Campaign Related <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> Yes Sp. <input type="checkbox"/> No		Branch	Start / Separation Dates	Transitional Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Vet. Spouse/Widow <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent		If attended college, Name of College with degree or certification					
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 <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, which: <input type="checkbox"/> TANF <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> SSI			Unemployment Compensation <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee <input type="checkbox"/> None		
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No		Foster Child <input type="checkbox"/> Yes <input type="checkbox"/> No		High School Drop Out <input type="checkbox"/> Yes <input type="checkbox"/> No		Pregnant or Parenting <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? _____

Work tasks do you enjoy? _____

What tools/equipment can you operate? _____

What is your Employment Goal? _____

How can we help you reach this goal? _____

YOUTH 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

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: _____

Eligibility (For Staff Use Only)

200% of poverty line <input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker Category: Dislocation date: _____ <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	National Emergency Grant <input type="checkbox"/> Dislocation due to disaster <input type="checkbox"/> Long-term Unemployed <input type="checkbox"/> Dislocated Worker
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Reviewed by Signature: _____ Date: _____

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

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.

Mother's Maiden Name: _____ High School Name: _____ Type of Work Wanted: _____

SIGNATURE: _____ **DATE:** _____

Parent/Guardian Signature: _____ Date: _____