



# 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"/> 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 1 2 3 4 5 6 7 8 9 10 11 12	High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No	Completion Certificate w/ a disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification or Degree <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	Separation Date	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							
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](http://www.careerinfonet.org/skills)  
[www.mvskillsmyfuture.org](http://www.mvskillsmyfuture.org)  
[www.mvnextmove.org](http://www.mvnextmove.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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_