



ALABAMA WORKFORCE DEVELOPMENT CUSTOMER INFORMATION



ALABAMA WORKFORCE
STABILIZATION PROGRAM



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	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	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? _____

Level 1 – An Alabama citizen who meets all 4 of the following at the time of enrollment:

Is basic skills deficient as determined by TABE testing

Is willing to be a CTE (Career Technical Education) Concentrator

Meets WIOA eligibility criteria:

- WIOA General Eligibility Criteria for all Applicants · 18 Years or older (age verification)
- U.S. Citizen / Eligible Non-Citizen · Selective Service registration (Males 18-25)
- Belongs to one or more WIOA special populations:

Level 2 – An Alabama citizen who, at the time of enrollment, is an incumbent or unemployed worker who meets all five of the following:

- Possess a high school diploma or equivalent · Is basic skills proficient as determined by TABE testing
- Is willing to be a postsecondary CTE (Career Technical Education) Concentrator · Meets WIOA eligibility criteria (as described in Level 1 eligibility)
- Belongs to one or more WIOA special populations (as described in Level 1 eligibility)

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.mvskillsmyfuture.org
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: _____