



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 | United States Citizen | Selective Service |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible Non-Citizen | <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 | 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: | | Is your Spouse/Widow 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 | | | |

| | | | | | |
|-----------------------------|--------------|-----|--------|--------|-------------------------------|
| List all Household Members: | 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 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <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? _____

What geographical area are 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