

SWGAs Workforce Investment Board
PRE-APPLICATION/INTAKE FORM
 Georgia Workforce Area 17
 serving the counties of
 Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady,
 Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth

1 Last Name		First			MI	
2 SSN		3 DOB: ___/___/___	Age ___	4 Gender: M F	5 Draft: Yes No Female	
6 Address			7 City		8 St	9 Zip
10 Mailing address (if different than street address)						
11 County		12 Home#:		13 Contact#:		
14 Citizenship: Y N		15 Alien Reg. #		16 Alien Reg. Date Exp.:		
17 Race: <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Isle <input type="checkbox"/> Native American <input type="checkbox"/> INA origin					18 Eng 2nd Lang Y N	
19 Veteran Y N		20 Disability Y N SSI VA Other _____			21 TANF: Y N Applicant F/S Y N	
22 Employed (Where _____)			23 Unemployed Y N		24 Receiving UI Y N	
Educational Level: <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED (highest completed) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 (No Post-Secondary Certificate) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 (With Post-Secondary Certificate) 25 <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree						
26 Currently attending High School Y N		27 Currently attending post High School Y N		28 Applied for Adm. Y N		
29 Name of Institute _____ Location _____				30 Program of study or interest _____		
31 Pell HOPE Loan VA Other _____				32 Prior WIA or JTPA programs Y N		
33 Single Married Widowed Single Parent	34 Children living w/ you Y N Ages _____		35 Non-Custodial Y N		36 Number in family _____	
37 How do you think WIA can assist you? _____ _____ _____						
38 Interviewer's Signature _____				Date _____		@ _____
39 Orientation scheduled for ___/___/___ @ ___:___ am pm @ _____ Notes:						
40 GWS Customer Information _____ data entry signature				date _____ All info on Pre-app & GWS must be entered		