

Eligibility Screening Form



The U.S. Department of Labor and the Georgia Department of Labor have assured that no person shall, on the basis of race, color, religion, sex, national origin, age, handicap, or political affiliation or belief, be excluded from participation in, denied the benefits of, be subjected to discrimination under, or denied employment in the administration of or in connection with any program or activity funded under the Act.

Applicants must be at least 22 years of age

**Equal Opportunity Employer
Funded by the Lower Chattahoochee Workforce Investment Board
Workforce Investment Area 14**

Date: _____

Name: _____ SS#: _____ - _____ - _____
(First, Middle, Last)

Address: _____ City: _____ State: _____

Zip: _____ County: _____ Date of Birth: _____ Phone: _____

Emergency Name & Phone Number: _____

List 3 jobs that you have applied for within the last month:

Company/Position	Company/Position	Company/Position
1.	2.	3.

EMPLOYMENT INFORMATION

Begin with the most recent.

Employer
Job Title
Dates of Employment From (Mo/Yr) to (Mo/Yr)
Rate of Pay
Reason for Leaving

Employer
Job Title
Dates of Employment From (Mo/Yr) to (Mo/Yr)

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Reason for Leaving

What is your current income? _____ What is the total household income? _____

Are you a high school graduate: () Yes () No Do you have a GED? () Yes () No
 "If Yes", Please indicate year received diploma or certificate. _____

Are you currently a student? () Yes () No If yes, where? _____

Are you currently enrolled in another program? () Yes () No If yes, where? _____
 (Example: Good Works, Urban League, or Columbus Technical College-WIA)

What type of work or position are you seeking? _____

List any special skills/abilities _____

Do you have a valid driver's license? () Yes () No

Days of week available for work () Sun. () Mon. () Tues () Wed () Thu () Fri () Sat

Shift preference () 1st () 2nd () 3rd

Have you ever been convicted of a crime other than a minor traffic violation? () Yes () No
 If yes, give details _____

I hereby certify that all statements made in this application for eligibility determination are true and correct to the best of my knowledge and understand any misrepresentation or omissions of fact will be cause for rejection or termination.

Type Full Name _____