



WORKSOURCE GEORGIA MOUNTAINS
P.O. BOX 2278, GAINESVILLE, GA 30503
1856 THOMPSON BRIDGE RD, GAINESVILLE, GA 30501
(770) 538-2727 PHONE (770) 538-2729 FAX
ADULT-DW@GMRC.GA.GOV



Application Checklist

Welcome to the WorkSource Georgia Mountains' Workforce Innovation and Opportunity Act (WIOA) program. To begin the application process for the WIOA program, we ask that you read and complete the following documents thoroughly.

An application for the WIOA program **DOES NOT CREATE AN ENTITLEMENT** to services, and nothing in the Act shall be construed to establish a right of action for an individual to obtain services under WIOA. The program is based on eligibility, suitability, individual customer needs and funding availability.

Everyone:

1. ___ Create an account on — www.worksourcegaportal.com
2. ___ Complete Application (All pages are signed, dated, and all questions have been answered.)
3. ___ Career Choice Research Worksheet (CCRW)
4. ___ O'NET Assessment – www.mynextmove.org. Print complete list of careers generated by your choices.
5. ___ Sign the Rights Statement (ALL 4 PAGES are required)
6. ___ Complete the Affidavit of Citizenship (Applicant Status Affidavit); signed and notarized– **MUST BE ORIGINAL**
7. ___ Copy of Social Security Card – (Legal name must match on License)
8. ___ Copy of Driver's License – (Legal name must match SS Card)
9. ___ Copy of acceptance letter stating chosen program of study (Except Continuing Education and CDL schools)
10. ___ Employment Documentation Form (fill out only the top section) and/or provide check stubs for the pay periods within the verification time period, which is from date of application back 26 weeks. This form can also be used to provide verification of last date of employment. **TOTAL HOUSEHOLD INCOME MUST FALL** under income guidelines chart.

If applicable:

11. ___ ALL UNOFFICIAL post-secondary education transcripts
12. ___ Copy of Selective Service Registration, if you are a male born on or after 01/01/1960 (www.sss.gov)
13. ___ If needing childcare:
 - A. ___ Copy of birth certificate(s) for child(ren) needing childcare;
 - B. ___ If using a licensed daycare provider, please start the application for CAPS. The CAPS application is on this web site - www.gateway.ga.gov. If, at any point, it says you are not eligible print that out and submit with your application.
14. ___ Food stamp determination letter – **MUST** reflect ALL household members' names AND amount receiving
15. ___ Copy of permanent resident card – Legal names must match with License & SS Card
16. ___ Copy of DD-214, if you are a Veteran
 - A. ___ Provide documentation that you have applied for Veterans Benefits. If you have not, please do this ASAP at www.ebenefits.va.gov
17. ___ If completing a bachelor's or graduate program at Breanu University, Kennesaw State, Piedmont College, or the University of North Georgia submit a Curriculum Worksheet signed by program director outlining completed and required courses and proposed plan of completion.

Employed: If you are employed at the date of application, gross household income must be verified.

18. ___ If under 26, employed, and living with parents, submit the first page of parents tax form to note whether or not they are claiming you as a dependent.

Unemployed and/or Receiving Unemployment:

19. ___ Copy of Separation Notice
20. ___ Copy of Unemployment Insurance (UI) Claims Examiner's Determination Letter

Attending College or Technical College:

21. ___ Financial Aid Verification form
22. ___ Copy of program of study outline listing required courses

Further documentation will be requested once the application has been reviewed by intake staff.

A Case Manager may require a background check and drug screen; depending on your program of study – **DO NOT PROVIDE NOW.**
Please feel free to contact the office if you have questions or concerns.
Additional information is also available on our website at www.gmrc.ga.gov

WIOA Training Application

Overview Date: _____

Applicant Information				
Full Name		Social Security Number		County
Address		City	State	Zip Code
Mailing Address (if different)		City	State	Zip Code
Home Phone	Cell Phone	Email		
Alternate Contact (Someone who DOES NOT live with you)				
Full Name		Relationship		
Address		City	State	Zip Code
Home Phone	Cell Phone	Email		
Demographic Information				
Age	Date of Birth	Gender- Male Female Choose Not to Identify		
Citizenship- U.S. Citizen/Naturalized U.S. Permanent Resident Alien/Refugee Lawfully Admitted				
Alien Registration Number & Expiration Date:				
Are You Registered with Selective Service? Males only born on or after 1/1/1960) Yes No Not Applicable				
Service Registration Number		Selective Service Registration Date		
Ethnicity				
African American or Black		American Indian / Alaskan Native		Asian American or Asian
Hispanic Heritage		Pacific Islander		Caucasian or White Other:
Driver's License Information				
Do You Have a Driver's License or State Issued I.D.? Yes No				
Has your license ever been or/is currently Suspended or Revoked? Yes No				
Do you have a CDL license? Yes No If so, what type: Commercial (CDL) CDL Endorsements				
Priority of Service				
Are you a Veteran? Yes No				
Are you homeless? Yes No If yes, please provide a statement from organization or individual providing night time residency.				
Are you receiving Vocational Rehabilitation (VR) services? Yes No If yes, please provide VR statement.				
Are you a Trade Applicant? Yes No				
Requesting Supportive Services				
Are you requesting gas money? Yes No				
Are you requesting Childcare? Yes No If yes, what type? Licensed or Unlicensed				

Disability Information			
Do you consider yourself to have a Disability?	Yes	No	Choose not to identify
Do you need accommodations?	Yes	No	
Veteran Information			
Did you serve in the active duty military, naval, or air service?	Yes	No	
If yes, please submit a copy of your DD 214 form. Go to http://vetrecs.archives.gov/ to request a copy.			
Please complete the following:			
Branch	Date Entered	Date Released	Type of Discharge
		Yes	No
Did you serve more than one tour of duty?			
Are you a disabled veteran?			
Are you a campaign veteran?			
Are you recently separated? (within last 48 months)			
Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW?			
Are you a BRAC impacted worker? (BRAC now considered eligible as Dislocated Worker)			
Transitioning Service Member:			
Type of Transitioning Service Member:	within 12 months of discharge not applicable	within 24 months of retirement	
Termination/Layoff Information			
Have you received a termination or layoff notice from your last job or job of dislocation?	Yes	No	
Actual Layoff Date:			
Projected Layoff Date:			
What is the reason for the layoff?			
Who is the dislocation employer?			
Dislocation Employer Address:			
Dislocation Hourly Rate:			
Did you attend a meeting with your employer to discuss Unemployment Insurance and Workforce Training?	Yes	No	

Employment Information

Are you currently employed? Yes No Current or most recent rate of pay _____

Did you receive severance pay from your last employer? Yes No

Employer: Type of Business:

Address: Phone: ()

Job Title: Hourly Wage:

Hours Per Week: Shift:

Main Duties:

Equipment Used:

Start Date (Month/Day/Year): End Date (Month/Day/Year):

Reason for Leaving : Laid-off Quit Terminated Other Employment Other :

Explain Reason:

Employer: Type of Business:

Address: Phone: ()

Job Title: Hourly Wage:

Hours Per Week: Shift:

Main Duties:

Equipment Used:

Start Date (Month/Day/Year): End Date (Month/Day/Year):

Reason for Leaving : Laid-off Quit Terminated Other Employment Other :

Explain Reason:

Employer: Type of Business:

Address: Phone: ()

Job Title: Hourly Wage:

Hours Per Week: Shift:

Main Duties:

Equipment Used:

Start Date (Month/Day/Year): End Date (Month/Day/Year):

Reason for Leaving : Laid-off Quit Terminated Other Employment Other :

Explain Reason:

Education History

Highest Credential Earned - HS Diploma GED Certificate Associates Bachelors Masters PhD None

If you dropped out of high school or obtained GED, what was the highest grade you completed? _____.

Do you, or have you previously, had an Individualized Education Plan? Yes No

Are you currently in school? Yes No

If yes, Name of School, Program, Anticipated completion date _____.

List the name of schools you have attended, including high school. List any degrees/certificates and areas of study.

School	Course of Study	Did you graduate?		Year
		Yes	No	

List any current professional license(s) you hold:

Transcript Note: We must have **unofficial** transcripts from all colleges/technical schools attended. E-scripts must be emailed directly to adult-dw@gmrc.ga.gov. **PLEASE MAKE SURE THE INTAKE STAFF IS INFORMED OF PREVIOUS NAMES (EX: MAIDEN NAME, DIVORCED NAME, ETC.)**

Public Assistance

Within the last 6-months have you received any of the following:

Assistance Type	Yes	No	Comments
Temporary Assistance for Needy Family (TANF)			
Food Stamps (FS)			
Supplemental Security Income (SSI)			
Social Security Disability Insurance (SSDI)			
Trade Adjustment Assistance (TAA)			
Refuge Cash Assistance			
Ticket to Work Holder			
General Assistance			
Are you currently, or have you been notified, that you will receive Pell Grant funds?			

Household Composition and Address Verification

NAMES OF PEOPLE IN HOUSEHOLD (INCLUDING APPLICANT)	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1. (self)			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please write **PHYSICAL STREET ADDRESS** here

Address	City	State	Zip
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The section below must be filled out by someone who does not live in the household:

I certify that _____ 's family consists of those persons listed above and that I **DO NOT** live at the address above.

Signature (person verifying form– must not live in household)	Date	Relationship to Applicant	Phone Number
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Address	City	State	Zip
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NOTE: FALSIFICATION OF DATA ON THIS FORM IS A CRIME AGAINST FEDERAL AND STATE LAWS. FALSIFICATION OF OR CONCEALMENT OF INFORMATION IS PUNISHABLE BY A FINE OR IMPRISONMENT OR BOTH AND WILL REQUIRE REPAYMENT OF ANY MONIES PAID TO OR ON BEHALF OF THE APPLICANT WHILE IN A GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT BOARD PROGRAM.

Signature of Applicant	Date
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Training Goals

1.	What career do you want to have once you complete your training program?
2.	Why did you choose this career?
3.	What school and what specific program have you chosen to attend and complete?
4.	<p>Have you previously enrolled in training funded through WIA/WIOA? Yes No</p> <p><i>If you answered no, go to question #6</i></p> <p>a. Name of school attended: _____ Dates attended: _____.</p> <p>b. Name of training program or course of study: _____.</p> <p>c. Did you complete the training? Yes No If yes, skip to question #5</p> <p>d. Why did you not complete training?</p>
5.	<p>Did you find a job after you completed or left training? Yes No</p> <p>a. If yes, was the job related to the training received? Yes No</p> <p>b. Name of employer: _____ Position: _____</p>
6.	List funds you are seeking to assist you through training (PELL, HOPE, Military Assistance, loans, etc.)

Career Choice Research Worksheet

When researching the available jobs for your chosen career, please pay close attention to the educational requirements. Does it require that you have a Certificate, Diploma, or an Associates or Bachelor's degree? Knowing this will help you determine exactly what educational level you would be required to have for this particular job. In addition to the education requirements, keep in mind the location of any employment opportunities.

1. Are jobs in your chosen career/program available within a reasonable commute (30-40 miles one way) of your residence?
 Yes No **Are you willing to relocate?** Yes No

2. Some programs, careers or employment opportunities will require a background check and/or drug screen. Do you have any issues that would prohibit you from successfully completing a background and/or drug screen? Yes No

Please remember that the WorkSource Georgia Mountains only assists with one (1) program of study or major and it must be completed within 104 weeks (2 years) or less. This includes all classes (regular/provisional), internships and/or clinical periods. Once a program of study has been selected, changes will not be allowed unless it is to downgrade to a lesser program of study (i.e. Degree to a Diploma). This must be reviewed by the Case Manager and is done on a case-by-case basis. So please research and choose wisely.

INSTRUCTIONS: Try to use as many resources as possible when completing this form. Available resources include: visits to the prospective programs, and interviews with persons currently working in related jobs, O'NET at <http://online.onetcenter.org/>, Georgia Department of Labor at www.dol.state.ga.us, internet job search websites such as www.monster.com, www.careerbuilder.com, www.indeed.com, www.jobcentral.com, industry websites, business websites, newspaper websites, etc.

1.	Expected salary range for targeted job: (Entry Level) _____ (Average Level) _____
2.	Are there jobs available for someone like you, if you finish the program, but are unable to pass certification exams and/or obtain an industry license?
3.	Does your research seem to indicate if there are many qualified applicants with more skills and work experience competing for entry level jobs in your job target area?
4.	Are there training-related jobs available in your county or within reasonable commute (30-40 miles one way)? Estimate how many jobs.
5.	Is there on-going job growth and/or projected demand in your targeted job area?
6.	Which assessments have you had that indicate your abilities and interests are a good match for you targeted job (such as CDM, TABE, SAGE, COMPASS, ASSET, O'NET etc.)?
7.	Will your targeted job meet your financial obligations and wage expectations?

Name:		
WIOA Release of Information Consent/Certification & Acknowledgment		
RELEASE INFORMATION FOR ELIGIBILITY		Initial Here
<p>I authorize the release of my information to the Career Advisor as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) Adult & Dislocated Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS) and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsi-</p>		
RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION		Initial Here
<p>I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Career Advisor. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Career Advisor must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's</p>		
RELEASE INFORMATION FOR EMPLOYMENT		Initial Here
<p>I authorize the release of my current and past employment information to the Career Advisor. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.</p>		
CERTIFICATION & ACKNOWLEDGMENT		Initial Here
<p>I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date.</p> <p>I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.</p> <p>I have attended the overview session and reviewed the information packet provided and understand the WSGM application qualifications and process.</p> <p>WIOA program activities are federally funded and all activities must adhere to transparency and accountability guidelines. In some cases, pictures may be taken to document our local efforts to assist area residents obtain training and employment services. WorkSource Georgia Mountains may use my photo in print adverting or on the local area website.</p> <p>_____ I AGREE _____ I DO NOT AGREE</p> <p style="text-align: center;">Applicants are responsible for insuring that all required documentation is attached to their application. Missing documentation will delay the process of your application.</p>		
Signature	Date:	

Please note, you have 45 days from the date on this page to turn in requested items and make error corrections.

DO NOT DATE UNTIL READY TO SUBMIT



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Employment Documentation Form

DO NOT fill out this form by yourself. This form assists with obtaining 6 months of wages or verifying last date of employment. Please fill out the top section and submit with application. Intake will use it if needed.

Applicant/Employee's Name: _____

By signing below, I authorize my employer to release information concerning my employment and income. I understand that this information is necessary to establish the above named applicant's eligibility for the Georgia Mountains Workforce Innovation and Opportunity Act (WIOA) Program.

Signature of Employee Date Social Security Number

(APPLICANTS DO NOT FILL OUT ANYTHING BELOW THIS LINE)

EMPLOYER'S CERTIFICATION

TO: WorkSource Georgia Mountains

- 1. During the six-month period ... the person listed as "Employee" above ...
2. Actual dates of his/her employment with ... were from ... through ...
3. This individual's hourly wage equaled \$... The gross wages/salary paid (before deductions) during the period indicated at answer 1 above were \$...
4. This individual ... was / ... was not terminated from employment. If terminated, please state reason(s):

Completed by: _____
Print Name & Title of Employer's Representative

Representative's Signature and Date

Area Code and Telephone Number



Connecting Talent with Opportunity
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WORKSOURCE GEORGIA MOUNTAINS
GEORGIA MOUNTAINS REGIONAL COMMISSION
P.O. BOX 2278, GAINESVILLE, GA 30503
(770) 538-2727 PHONE ♦ (770) 538-2729 FAX

RIGHTS STATEMENT

EQUAL OPPORTUNITY IS THE LAW

It is against the law for WorkSource Georgia Mountains/Georgia Mountains Regional Commission (WSGM/GMRC) (as the recipient of federal financial assistance) to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual’s citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities. People with hearing impairments may contact the Georgia Relay Center by calling TTY 1-800-255-0056, Voice 1-800-255-0135 or dialing 711.

DISCRIMINATION GRIEVANCE PROCEDURES

If you think you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within one hundred and eighty (180) days from the date of the alleged violation with either:

WorkSource Georgia Mountains
Georgia Mountains Regional Commission
Equal Opportunity Officer:
Andrea Newsom
P.O. Box 1720
Gainesville, GA 30503
770-538-2626
anewsom@gmrc.ga.gov

Technical College System of Georgia (TSCG) Office of Workforce Development (OWD)
Equal Opportunity Officer/Compliance Director
1800 Century Place NE, Suite 150
Atlanta, GA 30345-4304
404-679-1371
wioacompliance@tcsge.edu

Application for a Workforce Innovation and Opportunity Act (WIOA) funded program **does not create an entitlement** to services, and nothing in the Act shall be construed to establish a right of action for an individual to obtain services under WIOA.

The Complainant may file their discrimination based complaint with the United States Department of Labor’s Civil Rights Center at <http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm>. Or by contacting:

Director of Civil Rights
U.S. Department of Labor (USDOL)
200 Constitution Ave, NW Room – N4123
Washington, DC 20210

Use form at: <http://www.dol.gov/oasam/programs/crc/DL1-2014A-Rev-April-2011.pdf>

People with hearing impairments may contact the Georgia Relay Center at 1-800-255-0056 or by dialing 711.

1. If the Complainant chooses to file the discrimination complaint with the WSGM/GMRC or with TCSG, the Complainant must wait either until the recipient issues a written Notice of Final Action, or until ninety (90) days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).
2. The Complainant has the right to be represented in the complaint process by an attorney or other representative.
3. If the recipient does not give the Complainant a written Notice of Final Action within 90 days of the day on which you filed your complaint, the Complainant may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within thirty (30) days of the 90-day deadline (or within one hundred and twenty (120) days after the day on which the Complainant filed the complaint with the recipient).
4. If the recipient does give the Complainant a written Notice of Final Action on the complaint, but the Complainant is dissatisfied with the decision or resolution, the Complainant may file a complaint with CRC. The Complainant must file the CRC complaint within 30 days of the date on which the Complainant received the Notice of Final Action.
5. Further, WSGM/GMRC shall fully cooperate with any local, state, or federal investigation in accordance with the aforementioned proceedings or with any criminal investigation.

The Civil Rights Act of 1964, as amended, and the WIOA of 2014, as amended, guarantees the right to file a complaint or alleged action concerning discrimination as stated above.

FRAUD, ABUSE, WASTE, MISCONDUCT OR ILLEGAL ACTIVITY GRIEVANCE PROCEDURES

In the event that a complaint involves allegations of fraud, abuse, waste, misconduct or illegal activity stemming from a WIOA-funded program, the Complainant shall immediately contact one of the entities listed below:

Technical College System of Georgia Office of Workforce Development
Equal Opportunity Officer/Compliance Director
1800 Century Place NE, Suite 150
Atlanta, GA 30345-4304
404-679-1371
wioacompliance@tcsge.edu

Georgia Office of Inspector General
2 M.L.K. Jr. Dr., SW
1102 West Tower
Atlanta, GA 30334
1-866-435-7644 (1-866-HELPOIG)
Complaint form may be found at <http://oig.georgia.gov/file-Complaint>

Office of Inspector General, USDOL
US Department of Labor
200 Constitution Ave., NW, Room S-5506,
Washington, DC 20210
1-800-347-3756
Complaint form may be found at <https://www.oig.dol.gov/hotlinecontact.htm>

GENERAL OR NON-DISCRIMINATORY GRIEVANCE PROCEDURES

1. Complaints arising at the WorkSource Georgia Mountains office level must be in writing, signed by the Complainant, dated within 120 days of the alleged incident, and must include the following information:
 - a. the full name, telephone number (if any) and address of the person making the complaint (Complainant);
 - b. the full name and address of the Respondent against whom the complaint is made;
 - c. a clear and concise statement of fact, including pertinent dates, and witnesses (if any) constituting the alleged violation, and
 - d. the type of relief requested.

A complaint will be considered to have been filed when the reviewing authority receives from the Complainant a written statement, including information specified on the complaint form which contains sufficient facts and arguments to evaluate the complaint.
2. Complaints must be submitted to the Director, WorkSource Georgia Mountains, and P.O. Box 2278, Gainesville, GA 30503.

3. A log of all complaints received by WSGM/GMRC will be filed on-site. The log will include the name of the Complainant, the name and/or organization of the Respondent, the date of the complaint, and the resolution of the complaint (if rendered).
4. The Director shall investigate the complaints and attempt to resolve the matter through mediation within ten (10) business days of receipt of the complaint.
5. If the complaint cannot be resolved within ten (10) business days, a hearing shall be conducted within sixty (60) days of receipt of the initial complaint. When a hearing is necessary, the Complainant and the Respondent will be given reasonable notification by certified mail of the following information:
 - a. A statement of the date, time and place of hearing, including the name of the impartial hearing officer;
 - b. A statement of the authority and jurisdiction under which the hearing is to be held;
 - c. A reference to the particular section of the Act, regulations, grant or other agreements under the Act involved;
 - d. A statement of the alleged violations of WIOA (This may include clarification of the original complaint, but must accurately reflect the content of the submitted documentation of the Complainant);
 - e. The right of both parties to be represented by legal counsel;
 - f. The right of each party to present evidence, both written and through witnesses;
 - g. The right of each party to cross-examine; and
 - h. The name, address, and telephone number of the contact person issuing the notice.
6. A hearing can be rescheduled at the request of either party for just cause.
7. The hearing shall be conducted by the Executive Committee of the Georgia Mountains Workforce Development Board (GMWDB). The committee may designate staff and/or other parties to serve as the impartial hearing officer. However, no GMWDB or staff member who has been directly involved in the events from which the complaint arose shall serve as a decision-maker in such complaint. If the complaint is against WorkSource Georgia Mountains itself, an impartial person will be secured by WorkSource Georgia Mountains to serve as the hearing officer. Impartial hearing officers shall be chosen from qualified individuals with expertise in the area from which the complaint arises. When an impartial hearing officer is necessary, the WorkSource Georgia Mountains Director will be notified to provide a qualified person. The right to an impartial decision-maker shall not be abrogated by the GMWDB or WorkSource Georgia Mountains. In the age of advanced communication options and to encourage timely responses to all complaints, the GMWDB may utilize e-mail, internet-based meeting facilities, in-person or any other mutually acceptable formats to conduct a hearing.
8. The Executive Committee of the GMWDB, or, its designee acting as a hearing officer, shall have the authority to regulate the course of the hearing, set the time and place for continued hearings, fix the time for filing briefs, and dispose of motions. A final decision must be rendered by the GMWDB Executive Committee or its designee within sixty (60) days of the completed hearing unless all parties are notified by certified mail of the need for additional time. The hearing officer shall issue a written decision which shall serve as the WSGM/GMRC's official resolution of the Complaint. The decision shall include the following information, at a minimum: The date, time and place of hearing, a recitation of the issues alleged in the Complaint, a summary of any evidence and witnesses presented by the Complainant and the respondent; an analysis of the issues as they relate to the facts; and a decision addressing each issue alleged in the Complaint.
9. A complete record of the hearing shall be made and maintained for three (3) years and include the following:
 - a. All pleadings, motions, and intermediate ruling;
 - b. Detailed minutes or mechanical recording of the oral testimony and all other evidence presented;
 - c. A statement of matters officially noted;
 - d. All staff memoranda or data submitted to the GMWDB Executive Committee or its designee in connection with their consideration of the case;
 - e. Findings of facts based on the evidence submitted at the hearing;
 - f. Notification of both parties of further appeal procedures, if applicable; and
 - g. Final decision of the hearing officer.
10. The Complainant shall be informed of the right to request a review of his/her complaint by the TCSG if:
 - a. The Complainant does not receive a decision from WSGM/GMRC within (60) sixty days of the filing the complaint, or
 - b. The Complainant receives a decision unsatisfactory to the complainant

The request for review should be submitted to:

Technical College System of Georgia, Office of Workforce Development

Attn: Compliance Director

1800 Century Place NE, Suite 150

Atlanta, GA 30345-4304

404-679-1371

wioacompliance@tcsge.edu

Once TCSG has received the Complaint form and the local resolution, TCSG shall issue its own resolution on the issue within sixty (60) days of receipt. Any resolution reached by TCSG may be appealed to the US Department of Labor's Employment and Training Administration.

OTHER GRIEVANCES

1. Complaints arising from contracts or vendor agreements with Georgia public schools such as those which pertain to disciplinary actions of teachers or students, grading policy or teacher employment contracts will be handled by the grievance procedure outlined in OCGA §20-2-1160.
2. Complaints which pertain to terms of the contract between the school and the WSGM/GMRC, which may include curriculum and course content, provision of teaching materials and equipment, eligibility, customer selection, or other terms made part of the contract, should be handled by the grievance procedure as presented by the General or Non-Discriminatory Grievance Procedure section.
3. Complaints against the Georgia Department of Labor Career Centers should be filed with the Complaint Specialist or Career Center Manager in accordance with their policies and procedures.
4. Complaints alleging labor standards violations may be filed using the established local and State Grievance Procedures or submitted to a binding arbitration procedure, if a collective bargaining agreement covering the parties to the grievance so provides.
5. Applicants, customers, service providers, bidders, WIOA funded staff or other interested parties alleging violations of the Acts, regulations, sub grants, or other contracts under WIOA (other than discrimination complaints) shall utilize the General or Non-Discriminatory Grievance Procedures in filing a complaint. Individuals shall be informed of this right by the WSGM.

Definitions:

- *Days* – Days are consecutive calendar days, including weekends and holidays. If a deadline imposed under the provisions of this section falls on a holiday or weekend, then the deadline shall be the next business day.
- *Complainant* – A Complainant is the person or entity filing the Complaint.
- *Complaint* – A Complaint is the written document which contains the alleged violation.
- *General Complaint* – A Complaint involving a general, non-discriminatory WIOA violation.
- *Participant* – A Participant is an individual who has been determined eligible to participate in, and who is currently receiving services under a program authorized by WIOA.
- *Respondent* – A Respondent is the person or entity against whom the Complaint is made.
- *Subrecipient* – A Subrecipient is a non-Federal entity that receives a subaward from a pass through entity (generally from a recipient) to carry out part of a Federal program. This term does not include an individual that is a beneficiary of such a program. A Subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

I have read and understand the Rights Statement and acknowledge so with my signature.

Please Print Name

Customer's Signature

Date

Parent's/Guardian's Signature (if applicable)

Date

***A copy of this document should be given to the customer and one copy should be retained in his/her file (if applicable).**



WORKSOURCE GEORGIA MOUNTAINS
P.O. Box 2278, GAINESVILLE, GA 30503
1856 THOMPSON BRIDGE RD, GAINESVILLE, GA 30501
(770) 538-2727 PHONE (770) 538-2729 FAX
ADULT-DW@GMRC.GA.GOV



O.C.G.A. § 50-36-1(e)(2) Affidavit

This page must be signed in the presence of a Notary Public. Submit the ORIGINAL signed, notarized O.C.G.A. Affidavit to the WorkSource Georgia Mountains Office.

By executing this affidavit under oath, as an applicant for Workforce Innovation and Opportunity Act (WIOA) Training Services as referenced in O.C.G.A. § 50-36-1, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) I am a United States citizen.
2) I am a legal permanent resident of the United States.
3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, such as Georgia Driver's License, US Birth Certificate, US Permanent Resident Card or Alien Registration Receipt Card, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
DAY OF _____, 20_____

NOTARY PUBLIC
My Commission Expires:



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Adult Financial Aid Verification Form

This form MUST be completed by the Financial Aid Representative at the applicable training provider. Please return by fax or mail to the WorkSource Georgia Mountains office.

Student Name: _____ SSN: _____

I grant my permission for the release of this information to the WorkSource Georgia Mountains.

Student Signature _____ Date _____

The student indicated above applied for Financial Aid assistance to attend:

_____ on _____
School & Campus Date

The student's program of study is: _____

Expected completion date for this student is: _____

The following Financial Aid, identified by source and semester amount, has been approved, pending full time registration:

PELL _____ HOPE _____

SEOG _____ OTHER _____

These amounts have been approved for the following semesters:

Fall: _____ Spring: _____ Summer: _____

If the student maintains satisfactory progress and an acceptable grade point average, similar financial aid may be expected for the student's remaining semesters of attendance. (Circle one) Yes No

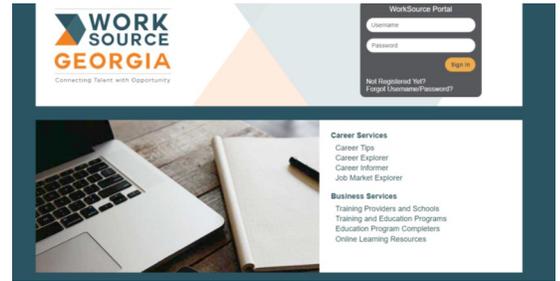
Name of Financial Aid Officer / Title: _____

Signature of Financial Aid Officer _____ Date _____

Steps to Complete the Application Checklist

Step 1. Create an account on—www.worksourcegaportal.com

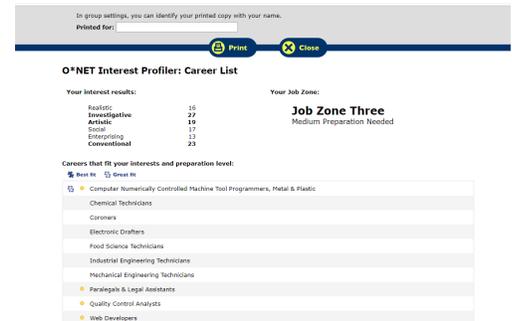
- 1) Click on the 'not registered yet?' link, located under the username box at the top of the page.
- 2) Under option 3— Create a User Account, click on the 'individual' link.
 - Create a Unique User Name: must be 4-16 characters long using only letters and/or numbers with no spaces allowed.
 - Examples (johndoe johndoe1 johndoe2 jd74 nickname nn85)
 - Create a Strong Password: must be 8-18 characters long & include 1 uppercase letter, 1 lowercase letter, 1 number, and one of these # @ \$ % ^ . ! * _ .
 - Examples (2Apples! 3Banana\$ 4H@mburgers AlwaysGive100%)
- 3) Complete all questions / pages by providing the required information. If you are a veteran, please be sure to list all required veteran information in the system before you click the finish button.
- 4) Click 'finish' when you are done with the final page.



Step 4. Print My Next Move “O*Net” Interest Assessment:

This system provides current occupational and education information to help you make informed career choices.

- 1) Go to: www.mynextmove.org
- 2) Click on interests in the top right hand corner of the web page.
- 3) Start: read and then click next until you get to the first set of questions.
- 4) Interest: rate statements 1-60 – try to not select unsure (click next at bottom to continue to next group of questions).
- 5) Results: read and then click next – do not click print here.
- 6) Job zones: click next until you get to the job zone selection screen. Choose job zone 3 bubble or for CDL choose the job zone 2 bubble.
- 7) Read and click next until you get to 'careers'.
- 8) Ensure that your desired program is listed; review your answers if it isn't.
- 9) Click print to save your results. This opens up a new tab or window.
- 10) Type your first and last name in the 'printed for' box at the top of the page. Click print again.



Step 7. Print Selective Service Registration:

If you are a male born on or after 1/1/60, you must prove you registered for the selective service.

- 1) Go to: www.sss.gov
- 2) Just under the pictures on the top of the page, click on the second link that says 'check registration'.
- 3) Click verify now, enter your last name, social security number and birthdate without dashes and click submit and Print.

Step 8 b. Print Childcare Assistance Application:

Applicants for licensed childcare must begin this application process for the Childcare Assistance Program.

- 1) Go to: www.gateway.ga.gov
- 2) Start the application process. If at any point, it says you are not eligible, print out that notice and submit with your application.
- 3) If you are able to complete the application and it shows pending, print out and turn in until you receive an official acceptance/denial.