



Southern Georgia

APPLICANT INTERVIEW QUESTIONNAIRE

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County _____ Age: _____ DOB: _____ Gender: _____

Mobile #: _____ Alternate #: _____

Email: _____

**Note: If your mailing address is different from the residential address listed above, please put your mailing address in the comments section below.*

1. Have you applied or been denied for WIA/WIOA before? Yes No

2. What is your highest education level achieved?

3. Are you currently attending school? **If yes**, please answer the questions below. Yes No

Name of School?

What is your major?

When do you expect to finish?

Are you taking remedial classes? Yes No Are you taking only core classes? Yes No

Are you in good academic/financial standing? Yes No

4. Do you currently hold or have you, in the past, earned a Certification, Diploma, or Degree?

Yes No **If yes**, in what field and when was it awarded?

5. Have you applied and/or received HOPE Grant? Yes No

6. Have you been denied or lost HOPE? Yes No **If yes**, when?

7. Have you applied and/or received PELL Grant? Yes No **If no**, why?

8. Do you have a loan that is considered in default? Yes No

9. Are you employed now? Yes No **If yes**, what is your hourly income?

If **No**, have you worked in the past 6 months? Yes No

10. Are you married? Yes No **If yes**, what is your spouse's hourly income?

SUBMIT

g) Did you work in an establishment primarily engaged in manufacturing canned, pickled, and brined fruits and vegetables? Examples of products made in these establishments are canned juices; canned jams and jellies; canned tomato-based sauces, such as catsup, salsa, chili, spaghetti, barbeque, and tomato paste; pickles, relishes, and sauerkraut. Yes No

19. Have you ever been convicted of a misdemeanor or felony? Yes No

If so, what were you convicted of?

20. Are you a veteran? Yes No **If yes, please fill out the information below.**

a) Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? Yes No

b) Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? Yes No

c) Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? Yes No

**We will need a copy of your DD214.

21. Would you have any problems getting to and from school? Yes No

22. Would you be willing to move to find suitable employment? Yes No

23. Do you have plans to move from the area after completing your training? Yes No

24. Have you discussed job prospects with anyone? Yes No

25. Are you a United States Citizen? Yes No

26. Are you authorized to work in the United States? Yes No

27. Are you of Hispanic or Latino heritage? Yes No

28. Race – Please check one:

African American/Black American Indian/Alaskan Native Asian

Hawaiian/Other Pacific Islander White I do not wish to answer

29. Considered to have a disability? Yes No Do not wish to identify

30. Are you homeless? Yes No

31. Please provide a reliable alternate contact.

Name of Person:

Phone Number:

Signature:

Date: