



Southern Georgia

APPLICANT INTERVIEW QUESTIONNAIRE - NEG DW

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

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

2. Have you been laid off from a job? Yes No **If yes, please fill out the below information.**

Company Name: _____ Date of Layoff: _____

In what county were you laid off in? _____

Did you receive a separation notice? Yes No

Are you currently receiving unemployment benefits? Yes No

Have you exhausted unemployment benefits? Yes No

3. Are you married? Yes No

If yes, what is your spouse's annual income? _____

4. What is the number of people living in your household?

of Adults: _____ # of Children: _____

5. Please check the appropriate box that is closest to your annual family income.

0 – 10,000 11,000-20,000 21,000-30,000 31,000-40,000 41,000-50,000 51,000 – and up

6. Do you receive SNAP/TANF/Food Stamps? Yes No

7. What is your highest education level achieved?

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

If so, what were you convicted of?

9. 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.

10. 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?

Yes No

11. Would you have any problems getting to and from work?

Yes No

12. Are you a United States Citizen?

Yes No

13. Are you authorized to work in the United States?

Yes No

Signature:

Date: