SC WORKS

LOWER SAVANNAH

SCWOS Membership / Authorization for Release of Information

☐ Adult ☐ Dislocated Worker ☐ Out of School Youth

NOTE: All Youth who are assessed as basic skill deficient (reading or math below 9th grade) will be required to participate in Adult Education services prior to WIOA funding occupational training. You will be required to make one educational functioning level gain before being approved for training. (Added March 29, 2010)

Have you ever been a Participant in the Program? ☐ Yes ☐ No If yes, where? _____
Are you registered online with the South Carolina Works Online System (jobs.scworks.org)? ☐ Yes ☐ No
If yes, do you have a Résumé in SCWOS? ☐ Yes ☐ No

Last Name: _____ **First Name:** _____ **MI:** _

Date of Birth: _____ Age: _____ ☐ Male ☐ Female Race: _____

Residential Street Address: _____

County: _____ Home Phone: _____ *City/State/ZIP Code*

Mailing Address: _____

Contact Person Information *City/State/ZIP Code*

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Have you ever registered with Selective Service? ☐ Yes ☐ No ☐ Exempt ☐ N/A

Are you in the military? ☐ Yes ☐ No **Are you a Veteran? ☐ Yes ☐ No** **Spouse of Veteran? ☐ Yes ☐ No**

Have you ever, or are you currently, receiving services from any of the following agencies? (*Check all that apply.*)

- ☐ WIOA/WIA/JTPA
- ☐ Job Corps
- ☐ Vocation Rehabilitation
- ☐ Housing Authority
- ☐ NAFTA /TAA
- ☐ Department of Probations/Pardon/Parole
- ☐ Temporary Aid to Needy Families (TANF/AFDC)
- ☐ Other:
- ☐ DSS
- ☐ Telamon
- ☐ Welfare To Work
- ☐ Community Action Agency
- ☐ DJJ
- ☐ SSI
- ☐ Department of Employment & Workforce
- ☐ Adult Education and Literacy Council
- ☐ Experience Works
- ☐ County Career Center
- ☐ Fatherhood Initiative
- ☐ Refugee Cash Assistance
- ☐ Food Stamps

Please check Yes or No to the following questions.

☐ Yes ☐ No Have you ever been fired from a job? ☐ Yes ☐ No Have you ever quit a job?

☐ Yes ☐ No Have you been paid for farm work in the last 24 months?

☐ Yes ☐ No If you have a disability, what percentage are you disabled _____ %

☐ Yes ☐ No Are you suffering from any illness or injury?

Highest Grade Completed: _____

☐ Yes ☐ No **Are you a high school graduate? If yes, do you have a High School Diploma? ☐ Yes ☐ No**
If no, do you have a GED? ☐ Yes ☐ No

☐ Yes ☐ No **Are you currently attending school? If so, what type of school?** _____

☐ Yes ☐ No **Are you currently in Default Status on Student Loans?**

☐ Yes ☐ No **Have you applied for or received Pell Grant funds?**

Current Employment: ☐ F/T ☐ P/T ☐ Unemployed ☐ Never Worked ☐ Temp ☐ Contracted

If employed, where? _____

Are you currently looking for full-time employment/work? ☐ Yes ☐ No

Have you recently received a notice of layoff or military separation? ☐ Yes ☐ No

Lay-off Employer: _____

Are you receiving Unemployment Insurance? ☐ Yes ☐ No ☐ Exhausted

Lower Savannah Council of Governments' WIA funded activities affords equal opportunity to the public. Auxiliary aids and services are available to individuals with disabilities upon request. Speech or hearing-impaired individuals may use TTY Relay South Carolina by dialing 711.

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By signing the bottom of this form, I give my permission to release any information necessary for the determination of my eligibility for the Workforce Innovation and Opportunity Act (WIOA) programs. I also give my permission to release to the agencies designated as partners in the Workforce System any information necessary for collaboration of services provided to me, which may include past or present training facilities, employers, etc.

All information I authorize to be obtained / released from these agencies will be held strictly confidential. I understand that this authorization remains in effect for the period I am in the WIOA Program, including or until such transactions related to the services provided to me are satisfied. I understand that unless otherwise limited by state and federal regulation, I may withdraw this consent at any time.

_____

Typed/Printed Customer Name

_____

Signature of Customer Date

_____

Typed/Printed Parent or Guardian Name

_____

Parent or Guardian Signature (If under 18 years of age) Date

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