



**Applicant Information**

<b>Full Name:</b> _____		<b>Social Security Number</b> _____		<b>County:</b> _____	
<b>Address</b> _____		<b>City</b> _____		<b>State</b> _____	
<b>Mailing Address (if different)</b> _____		<b>City</b> _____		<b>State</b> _____	
<b>Home Phone</b> _____		<b>Cell Phone</b> _____		<b>Email</b> _____	
<b>Preferred Contact (check one):</b> <input type="checkbox"/> Mail <input type="checkbox"/> Email  <b>Are you a part of a Social Networking Site</b> (E.g. Facebook, Twitter) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", would you like to indicate the name of the site and your profile name? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Name of Site</b> _____ <b>Profile Name</b> _____					<b>Are you a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Contact Information**

The person whose name is listed below does not live with me but can always contact me.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email address: \_\_\_\_\_

**Demographic Information**

<b>Date of Birth</b> ( ___/___/___ )	<b>Ethnicity</b>	
<b>AGE:</b>	<input type="checkbox"/> African American or Black	<input type="checkbox"/> Hispanic Heritage
<b>Gender</b>	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian American or Asian	<input type="checkbox"/> Caucasian or White
	<input type="checkbox"/> Other: _____	

**Are You Registered with Selective Service? (males only born on or after 1/1/1960)**  Yes  No  Not Applicable

**Selective Service Registration Number** \_\_\_\_\_ **Selective Service Registration Date** \_\_\_\_\_

**Citizenship :**  U.S. Citizen or Naturalized  U.S. Permanent Resident  Alien/Refugee Lawfully Admitted

List Alien Registration Number & Expiration Date: \_\_\_\_\_

**Do you consider yourself to have a disability?**  Yes  No  Chose not to identify

**Driver's License Information**

**Do You Have a Georgia Driver's License or Georgia I.D.?**  Yes  No

**Has your license ever been or/ is currently Suspended or Revoked?**  Yes  No

**Driver's License Type:**  Regular  Commercial (CDL)  CDL Endorsements

**Class:**  A  B  C (Auto, light truck)

## Veteran Information

Did you serve in the active duty military, naval, or air service?  Yes  No

If yes, please complete the following:

Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Released: \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Did you serve more than one tour of duty?  Yes  No

Are you a disabled veteran?  Yes  No

Are you a campaign veteran?  Yes  No

Are you recently separated? (within last 48 months)  Yes  No

Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW?

Yes  No

Please submit a copy of your DD 214 form. Go to <http://vetrecs.archives.gov/> to request a copy. Are you a BRAC impacted worker?  Yes  No (BRAC now considered eligible as Dislocated Worker)

## 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

Are you or have you received Unemployment Compensation (UI)?  Yes  No

**List current and most recent employers, going back 10 years, beginning with your current or most recent job.**

Most Recent Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Shift: \_\_\_\_\_

Main Duties: \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Start Date (Month/Year): \_\_\_\_\_ End Date (Month/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/Year): \_\_\_\_\_ End Date (Month/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/Year): \_\_\_\_\_ End Date (Month/Year): \_\_\_\_\_  
 Reason for Leaving :  Laid-off  Quit  Terminated  Other Employment  Other  
 Explain Reason: \_\_\_\_\_

**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

**Education History**

**Highest Credential Earned**  HSD/GED  Certificate  Associates  Bachelors  Masters  PhD  None  
 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.

<u>School</u>	<u>Course of Study</u>	<u>Did you graduate?</u>	<u>Year</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

List any current professional license(s) you hold: \_\_\_\_\_

**Individual Barriers**

Are you a single parent?  Yes  No  
 Have you ever been convicted of a Misdemeanor?  Yes  No  
 Have you ever been convicted of a Felony?  Yes  No  
 Do you read and understand English?  Yes  No  
 What is your primary language (if other than English): \_\_\_\_\_

## Public Assistance

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

Assistance Type	Yes or No	Comments
Temporary Assistance for Needy Family (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Stamps (FS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade Adjustment Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Refuge Cash Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently, or have you been notified, that you will receive Pell Grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Income Information

What is your family size? \_\_\_\_\_

What is your annualized family income? \_\_\_\_\_

Monthly Expenses	Monthly Income	
Rent/Mortgage:	Applicant Employment Income:	
Utilities:	Unemployment Insurance:	
Groceries:	TANF:	
Dependent Care:	Food Stamps:	
Support Payments:	Child Support:	
Alimony Paid:	Alimony Received:	
Car Payment:	Spouse/Roommate Income/Contribution:	
Transportation/Gas:	Social Security:	
Household Items:	SSI:	
Insurance (car, homeowners, etc, <b>NOT MEDICAL</b> ):	Other (Itemize Below):	
Cable:	Name of "Other" Income	Amount of "Other" Income
Medical/Dental:	1.	
Clothing:	2.	
Credit Card Payments:	3.	
Loans:	4.	
Entertainment:	5.	
<b>Total Monthly Expenses:</b>	<b>Total Monthly Income:</b>	

## Family Composition and Address Verification

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

Please write **PHYSICAL STREET ADDRESS** here

\_\_\_\_\_

Address
City
State
Zip

**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 (of person verifying form– **must not live in household**)                      Relationship to applicant                      Date

\_\_\_\_\_  
 Address                      City / State / Zip                      Phone Number

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 INVESTMENT BOARD PROGRAM.

\_\_\_\_\_  
 Signature of Applicant                      Date                      Signature of Parent/Guardian                      Date

## Training Goals

1. Do you have a training goal?  Yes  No
- a. Describe your training goal? Be specific \_\_\_\_\_
- b. Reason you selected this training goal? \_\_\_\_\_
2. If you do not have a training goal, do you need assistance in selecting a training goal?  Yes  No
3. Have you selected a school?  Yes  No
- What school/program NOT APPLICABLE-DO NOT COMPLETE
4. Have you previously enrolled in training funded through WIA?  Yes  No
- If you answered no, go to question #6
- a. Name of school attended: \_\_\_\_\_ Dates attended: \_\_\_\_\_
- b. Name of training program or course of study: \_\_\_\_\_
- c. Did you complete the training? If yes, skip to question #5  Yes  No
- d. Why did you not complete training?  
\_\_\_\_\_
5. Did you find a job after you completed or left training?  Yes  No
- a. If yes, was the job related to the training received?  Yes  No
- b. Name of employer: \_\_\_\_\_ Position: \_\_\_\_\_
7. Do you have a Georgia Work Ready Certificate?  Yes  No
- If yes, what type?  Bronze  Gold  Silver  Platinum

## Computer Skills

How would you rate your computer skills?

Also note any information that should be considered as the foundation for additional training.

<u>Skill Level/Training</u>	<u>Version</u>	<u>None</u>	<u>Basic</u>	<u>Intermediate</u>	<u>Advanced</u>	<u>Formal Training</u>
Microsoft Office	2003					
Word	2007	<input type="checkbox"/>				
Excel Access		<input type="checkbox"/>				
PowerPoint		<input type="checkbox"/>				
Internet		<input type="checkbox"/>				
Personal/Work E-mail						

Other: \_\_\_\_\_

Social Media  Facebook  Twitter  LinkedIn  None

Operating Systems (Windows, XP, Vista) \_\_\_\_\_

Programming Languages: \_\_\_\_\_

Current or previous IT Certifications: \_\_\_\_\_

Other Computer Skills/Experience/Training: \_\_\_\_\_

## Assessment Directions

1. Go to: **MY NEXT MOVE** at <https://www.mynextmove.org>
2. Click on **INTERESTS**  in the top right hand corner of the web page. You will complete 5 sections.
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 of page to continue to next group of questions)
5. **RESULTS:** Read and then click NEXT – do not click PRINT here.
6. **JOB ZONES:** Read and then click next until you get to the screen that is shown below. Choose the JOB ZONE 3 bubble for Medium Preparation – **not the underlined link**.



7. Read and click next until you get to “CAREERS”
8. **CAREERS:** Click PRINT to print your results.  This opens up a new tab or window.
9. At the top of the page type in your first and last name.
10. Review the jobs listed. **MAKE SURE THAT YOUR PROGRAM OF STUDY IS LISTED** and click print. 

**Submit all pages to the Georgia Mountains Workforce Development office along with your application.**

Name:	
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<b>WIA Release of Information Consent /Certification &amp; Acknowledgment</b>	
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<b>RELEASE INFORMATION FOR ELIGIBILITY</b>	<b>Initial Here</b>
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I authorize the release of my information to the Career Advisor as necessary to determine my eligibility for the Workforce Investment Act (WIA) 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 responsible manner.

<b>RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION</b>	<b>Initial Here</b>
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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 staff to the record holder.

<b>RELEASE INFORMATION FOR EMPLOYMENT</b>	<b>Initial Here</b>
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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.

<b>CERTIFICATION &amp; ACKNOWLEDGMENT</b>	<b>Initial Here</b>
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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 WIA program activities and may be considered justification for dismissal if discovered at a later date.

I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

**Applicants are responsible for insuring that all required documentation is attached to their application.  
Missing documentation will delay the process of your application.**

*Please read carefully, initial each release/acknowledgment, sign and date.*

Signature	Date:
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Register for Workforce Development Services:

1. Go to [www.workreadyga.org](http://www.workreadyga.org)
2. Click on the link that says NOT REGISTERED? Under Username block
3. Under OPTION 2 – CREATE A USER ACCOUNT, click on the [Individual](#) link.
4. Complete all areas.

When you are done, please click FINISH.

PLEASE GIVE THE SYSTEM TIME TO REGISTER YOUR INPUTTED INFORMATION BEFORE YOU PROCEED TO THE NEXT PAGE.

**\*\*IF YOU ARE A VETERAN, PLEASE BE SURE TO LIST ALL REQUIRED VETERAN INFORMATION IN THE SYSTEM BEFORE YOU CLICK THE FINISH BUTTON.\*\***

# EMPLOYMENT SERVICES (ES) REGISTRATION

THIS NEEDS TO BE DONE IN PERSON AT YOUR LOCAL GEORGIA DEPARTMENT OF LABOR CAREER CENTER (GDOL CC).

YOU MUST PRESENT YOUR PICTURE I.D. TO OBTAIN THE DOCUMENTS LISTED BELOW.

PLEASE PROVIDE COPIES FOR YOUR APPLICATION OF THE FOLLOWING FROM THE GDOL CC GWS SYSTEM:

- WAGE INQUIRY
- CUSTOMER WORK HISTORY INQUIRY LISTING
- CUSTOMER INFORMATION INQUIRY
- CUSTOMER SERVICES INQUIRY

THANK YOU.

GEORGIA MOUNTAINS REGIONAL COMMISSION  
WORKFORCE DEVELOPMENT INTAKE STAFF

**This page must be signed in the presence of a Notary Public.  
All WIA Applicants must submit a signed, notarized O.C.G.A. Affidavit**

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for Workforce Investment Act 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:

# RIGHTS STATEMENT

GEORGIA MOUNTAINS WORKFORCE INVESTMENT BOARD  
2481 HILTON DRIVE, SUITE 8, GAINESVILLE, GEORGIA 30501  
(770) 538-2727 PHONE • (770) 538-2730 FAX

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## EQUAL OPPORTUNITY IS THE LAW

It is against the law for the Georgia Mountains Regional Commission/Georgia Mountains Workforce Investment Board to discriminate against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

Appropriate steps must be made to ensure that communications with individuals with disabilities are as effective as communications with others.

## COMPLAINTS OF DISCRIMINATION

If you think you have been subjected to discrimination under a WIA funded program or activity, you may file a complaint within 180 days of the alleged violation with:

Georgia Mountains Regional Commission/Workforce Development  
Georgia Mountains Workforce Investment Board (GMWIB)

Equal Opportunity Officer:

Andrea Disharoon  
Human Resources Specialist  
P.O. Box 1720  
Gainesville, GA 30503  
770-538-2626 – Phone  
[adisharoon@gmrc.ga.gov](mailto:adisharoon@gmrc.ga.gov) - email

Application for a Workforce Investment Act (WIA) 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 WIA.

Director of Civil Rights Center:

U.S. Department of Labor  
200 Constitution Ave., NW  
Room N4123  
Washington, DC 20210

If you elect to file your complaint with the GMWIB, you must wait either until the GMWIB issues a written decision, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the GMWIB does not give you a written decision within 90 days of the day on which you filed your complaint, you do not have to wait for the GMWIB to issue that decision before filing a complaint with the CRC. However, you must file your complaint with CRC within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the GMWIB). If the GMWIB does give you a written decision on your complaint, but you are not satisfied with the decision or resolution, you may file a complaint with CRC. You must file your complaint within 30 days of the date on which you received a written decision.

The Civil Rights Act of 1964, as amended, and the Workforce Investment Act of 1998, as amended, guarantee you the right to file a complaint or alleged action in any area concerning discrimination as stated above.

## COMPLAINTS OF FRAUD OR ABUSE

In cases of suspected fraud, abuse, or other alleged criminal activity, you should contact the Office of the Inspector General, U.S. Department of Labor, at 1-800-347-3756. There is no charge for this call.

## GMWD GRIEVANCE PROCEDURE

1. Complaints arising at the Workforce Development Area 2 level must be in writing, signed by the complainant, dated within one-year 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;
  - b. the full name and address of the respondent against whom the complaint is made;
  - c. a clear and concise statement of facts, 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 above, which contains sufficient facts and arguments to evaluate the complaint.

2. Complaints must be submitted to the Director, Georgia Mountains Workforce Development, 2481 Hilton Drive, Suite 8, Gainesville, GA 30501.
3. The Director shall investigate the complaints and attempt to resolve the matter through mediation within ten days of receipt of the complaint.
4. If the complaint cannot be resolved within ten days, a hearing shall be conducted within sixty days of receipt of the initial complaint. When a hearing is necessary, the complainant and the respondent will be given reasonable notification by registered or certified mail of the following information:
  - A statement of the date, time and place of hearing;
  - A statement of the authority and jurisdiction under which the hearing is to be held;
  - A reference to the particular section of the Act, regulations, grant or other agreements under the Act involved;
  - A notice to the parties of the specific charges involved;
  - The right of both parties to be represented by legal counsel;
  - The right of each party to present evidence, both written and through witnesses; and
  - The right of each party to cross-examine.
5. A hearing can be rescheduled at the request of either party for just cause.
6. The hearing shall be conducted by the Executive Committee of the Georgia Mountains Workforce Development. This committee may designate staff and/or other parties to serve as the hearing officer. However, no GMWIB 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 the GMWD itself, an impartial person will be secured by the GMWD 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 GMWD Director will be notified to provide a qualified person. The right to an impartial decision-maker shall not be abrogated by the Georgia Mountains Workforce Investment Board or Workforce Development Area 2. In an age of advanced communication options and to encourage timely responses to all complaints, the GMWIB may utilize e-mail, internet-based meeting facilities, in-person or any other mutually acceptable formats to conduct a hearing.
7. The Executive Committee of the Georgia Mountains Workforce Investment Board, 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 GMWIB Executive Committee or its designee within ninety days of the completed hearing unless all parties are notified by certified mail of the need for additional time.
8. A complete record of the hearing shall be made and maintained for three 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 Georgia Mountains Workforce Investment Board Executive Committee or its designee in connection with their consideration of the case;
  - e. findings of fact 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.

A written report of all complaints received within the Georgia Mountains Workforce Development office will be filed on-site by the tenth day of the month following the report month. The report will include the name of the complainant, the name and/or organization of the respondent, the date the complaint was filed, nature of the complaint, and the resolution of the complaint (if rendered). If no complaints are received during a given month, no report is due. If there are status updates to previous complaints, a report must be sent to the State by the tenth day of the following month.

### GOVERNOR'S REVIEW OF THE GRIEVANCE

The complainant shall be informed of the right to request a review of his or her complaint by the Governor if: **1)** the complainant does not receive a decision at the Georgia Mountains Workforce Investment Board level within (30) thirty days of filing the complaint, or **2)** the complainant receives a decision unsatisfactory to him or her.

The request for review should be submitted to: Governor's Office of Workforce Development, Attn: Compliance Manager, Two Martin Luther King, Jr. Drive, Atlanta, GA 30334; Phone number 404-656-9485; Fax number 404-463-5043; or Electronic submissions should be sent to: wdcompliance@georgia.gov. The request for review of the complaint by the Governor must be filed within ten days of receipt of the adverse decision or within fifteen days from the date on which the complainant should have received a decision. The Governor will conduct a review of the complaint and issue a decision within thirty days from the date of receipt of the review request. The decision rendered by the Governor will be final.

### 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, 20-2-109, 20-2-50. Grievance hearings held by public school service providers should be consistent with State policy/procedures and must be initiated within 30 days of filing of the grievance and a decision rendered within 60 days of the filing date of the grievance. Where grievances arise in the area's outlined above, the service provider will submit to the Georgia Mountains Workforce Investment Board (GMWIB) within five (5) days, summaries or checklists of Georgia Mountains Workforce Development Area 2 complaints filed. Hearings held, decisions rendered and appeals filed shall be provided to GMWIB within 10 days of the decision being finalized.

If a complainant does not receive a decision within 60 days of filing the complaint or receives an unsatisfactory decision, the complainant then has the right to request a review by the Governor. The request for review should be submitted to the State Superintendent of Schools, Georgia Department of Education, 2066 Twin Towers East, Atlanta, Georgia 30334. [NOTE: For the purpose of this section, the State Superintendent of Schools or his/her designee acts as the Governor's authorized representative.]

Complaints which pertain to terms of the contract between the school and the GMWIB, 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 in the GMWD Grievance Procedure section.

2. 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.
3. 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.
4. Applicants, customers, service providers, bidders, WIA funded staff or other interested parties alleging violations of the Acts, regulations, sub grants, or other contracts under WIA (other than discrimination complaints) shall utilize the GMWD Grievance Procedures in filing a complaint. Individuals shall be informed of this right by the Georgia Mountains Regional Commission/Georgia Mountains Workforce Development Area 2 staff.

\*\*\*\*\*

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

\_\_\_\_\_  
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).

# Directions for Selective Service Registration

1. Go to [www.sss.gov](http://www.sss.gov)
2. Just under the people on the top of the page, click on the middle link that says:

Click here to:

**Check a  
Registration**

3. Enter your last name, social security number and birthdate without the dashes and click SUBMIT.

Selective Service Online Registration Search	
Last Name:	<input type="text"/>
Social Security Number:	<input type="text"/> (No dashes or spaces)
Date of Birth:	<input type="text"/> (mmddyyyy)
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	

4. CLICK ON THE LINK THAT SAYS [CLICK HERE,](#) TO PRINT AN OFFICIAL LETTER OF VERIFICATION FROM SELECTIVE SERVICE.
5. PRINT THIS FOR YOUR FILE.