



Connecting Talent with Opportunity
A proud partner of the American Job Center network

Middle Georgia Consortium, Inc.
124 Osigian Blvd., Suite A, P.O. Box 8539
Warner Robins, GA 31095
(478) 953-4771 or 1-800-537-1933

Follow-up Questionnaire for WIOA Customers

CUSTOMER INFORMATION

Name: _____ Last 4 SSN: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____ Cell: _____
E-Mail: _____

EDUCATION INFORMATION (YOUTH ONLY)

School Attending	Date Enrolled	Planned Graduation Date	Program/Major

CREDENTIALS ATTAINED

While enrolled in the WIOA program or since leaving the WIOA program, have you attained any certificates, diplomas or licenses? Yes No

If yes, please list credential(s) earned and the date listed on the credential(s).

Credential Earned	Date Awarded	Name of Awarding Agency/College

EMPLOYMENT INFORMATION

Have you obtained employment since you left training? Yes No If yes, please complete the following:

Employer Name: _____

Employer Address: _____

Employer City/State/Zip: _____ Telephone: _____

Job Title: _____ Job Description/O*Net Code: _____

Hourly Wage: _____ Hours Worked Per Week: _____ Start Date: _____

Are you receiving Fringe Benefits? Yes No Note: Select "Yes", if receiving within the next six (6) months

Are you receiving Health Care Benefits? Yes No Note: Select "Yes", if receiving within the next six (6) months

Job Covered by Unemployment Compensation? Yes No

Employer Contact Name: _____

End/Term Date (if applicable): _____ Reason for Leaving (if applicable): _____

Signature: _____ Date Completed: _____