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Goals & Current Situation

We are excited that you have taken the first step to working with us to find a job that is right for you!

We will help you for free, but we need to complete a few simple steps to get started.

1. Complete the following questionnaire.
2. Meet with staff to review your questionnaire.
3. Follow the next steps provided by staff.

Do you have any situations that that need to be planned around?

Education –

- I am currently in school. I am attending:
 - High School, Junior High, Middle, or Elementary School.
 - Attending an alternative high school
 - College, Technical, or Vocational School
- I have a hard time with reading, writing, and/or math.
- I have trouble with reading or speaking English.
- I dropped out of high school.
- I have not attended high school in the last quarter.
- I need help to enter or complete an educational program or to secure or hold employment.

Physical/Health

- I have a disability that makes it hard for me to do certain things.
- I am legally blind.

Family

- I am pregnant.
- I am a single parent.
- I have children and would need help getting childcare.

Financial

- Myself or someone in my immediate family receives SNAP benefits.
- Myself or someone in my family receives TANF.
- Myself or someone in my family receives SSI.
- Myself or someone in my family receives state/local cash welfare.
- I live in a high poverty area.
- I receive a free/reduced price lunch at school.
- I may meet the low-income guidelines.



Legal

- I have criminal charges pending.
- I have had instances/legal problems.
- I have had prior involvement in the criminal legal system.
- I have been incarcerated for a felony or misdemeanor.

Housing

- I need a permanent place to live.
- I am in foster care.
- I have aged out of foster care.
- I am a runaway.

Employment Related

- I am a veteran or qualified spouse.
- I am eligible, receiving, or exhausted unemployment benefits.
 - Unemployed and receiving UI benefits.
 - Eligible but not receiving UI benefits.
 - Exhausted my UI benefits.
- I lost my last job because of plant closure or a large company layoff.
- I owned a business but now I am unemployed because of general economic conditions or natural disaster.
- I am married to someone who is an active duty service member.
 - I am unemployed or under employed.
 - I lost my job due to my spouse transferring.
- I was supported by my spouse who is no longer supporting me. I am unemployed or under employed.
- I have been unemployed for 27 weeks.
 - I have one month of job search.
- Required additional assistance to regain employment.
- I am an incumbent worker entering a registered apprenticeship with my current employer.
- I am an eligible migrant and seasonal worker.
- None of the above.

Education

Highest Level of Education

Work History

What is your current employment status?

- I have not worked before. This will be my first job.
- I am employed.
- I am employed but I have received a notice of termination/layoff.



- I am unemployed and I have been actively looking for work.
- I am unemployed but I have not been actively looking for work.

List your most recent job or the job which you received a notice of termination/layoff.

Are you currently employed by this employer?	
Employer Name	
Start Date	
End date	
Job Title	
Employer City	
Employer State	
Hourly Wages Paid	
Job Duties	
Hours worked per week	
Does this job meet your needs	
Why or why not?	
Reason for leaving	
Was this your primary employment?	
Were you self-employed?	

Demographic & Contact Information

First Name*	
Last Name*	
What name do you go by?	
Email*	
Confirm Email *	
Social Security Number*	
Street Address 1*	
Street Address 2	
City*	



State*	
ZIP Code*	
Primary Phone*	
Primary Phone Type*	Mobile, Home, Work
Alternate Phone	
Alternate Phone Type	Mobile, Home, Work
Sex at Birth*	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer
Preferred Gender Identification	<input type="checkbox"/> Female (she/her) <input type="checkbox"/> Male (he/him) <input type="checkbox"/> Non-binary (they/their) <input type="checkbox"/> Prefer not to answer
Date of Birth*	
Military Status*	<input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Discharged
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other
Ethnicity <i>Select all that apply.</i> *	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer
Are you authorized to work in the US? *	<div style="display: flex; justify-content: space-around;"> Yes No </div>
For males 18+, are you registered with Selective Service? *	
Selective service number	



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