**Table of Contents**

[Goals & Current Situation 1](#_Toc199807736)

[Education 2](#_Toc199807737)

[Work History 2](#_Toc199807738)

[Demographic & Contact Information 3](#_Toc199807739)

## **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 a 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\* | * Female * Male * Prefer not to answer |
| Preferred Gender Identification | * Female (she/her) * Male (he/him) * Non-binary (they/their) * Prefer not to answer |
| Date of Birth\* |  |
| Military Status\* | * None * Active * Veteran * Discharged |
| Marital Status\* | * Married * Single * Divorced * Other |
| Ethnicity *Select all that apply.*\* | * American Indian or Alaskan Native * Asian * Black/African American * Hispanic/Latino * Middle Eastern or North African * Native Hawaiian or Other Pacific Islander * White * Prefer not to answer |
| Are you authorized to work in the US? \* | |
| For males 18+, are you registered with Selective Service? \*  Selective service number | |