Profile

Profi

First Name: 

Last Name: 

Date of Birth: 

Social Security Number: 

Email: 

Street Address 1: 

Street Address 2: 

City: 

State: 

Zip Code (Plus 4): 

Primary Phone Number: 

Phone Type: ☐ Mobile ☐ Home ☐ Work

Alternate Phone Number: 

Phone Type: ☐ Mobile ☐ Home ☐ Work

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Other

Profile

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Race: (Pick any that apply)

☐ American Indian or Alaskan Native

☐ Asian Indian

☐ Black or African American

☐ Chinese

☐ Filipino

☐ Guamanian or Chamorro

☐ Japanese

☐ Korean

☐ Native Hawaiian

☐ Other Asian

☐ Other Pacific Islander

☐ Samoan

☐ Vietnamese

☐ White

☐ Unknown

Ethnicity:

☐ Cuban

☐ Mexican, Mexican American, Chicano/a

☐ Puerto Rican

☐ Another Hispanic, Latino or Spanish Origin

☐ Non-Hispanic/Latino

☐ Unknown

Profile

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Gender at Birth: ☐ Female ☐ Male ☐ Prefer not to answer

Preferred Gender Identification: ☐ Female ☐ Male ☐ Non-binary

Are you authorized to work in the US? ☐ Yes ☐ No

Are you registered with Selective Service? ☐ Yes ☐ No

Selective Service Number: 

(Only required if Male and 18+ and answer YES to the selective Service question)

Military Status:

☐ Active Military

☐ Recently Separated Veteran

☐ War or Combat Veteran

☐ Retired Veteran

☐ Disabled Veteran

☐ Dishonorable Veteran

☐ None

Select the option that best describes you situation:

☐ I am unemployed.

☐ I received a termination notice within the last 90 days.

☐ I am qualified to have a higher skilled position than my current job.

☐ I am interested in receiving training to advance my career with my current employer. (If selected, collect the employer address and use it for eligibility.)

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☐ I have situations that prevent me from working.

# ☐ I am employed but need skills to increase my employment options

☐ I am a youth in school and in a training program

☐ None of the above

Do you or your household receive public assistance? ☐ Yes ☐ No

How many people are in your household? 

What is your household monthly income? 

(Not required if they receive public assistance.)

How have you been negatively impacted by COVID?

(Ask only if the participant or provider’s address is not in a QCT or DIA.)

☐ No negative impact

☐ Unemployed

☐ Increased food or housing insecurity

☐ Health Related

☐ Lost instructional time in K-12 schools (any student that lost access to in-person instruction for a period of time.)

Education

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Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HSED)? ☐ Yes ☐ No

Highest Level of Education: (Check the highest level of education only)

☐ None ☐ 1st grade ☐ 2nd grade ☐3rd grade ☐ 4th grade

☐ 5th grade ☐ 6th grade ☐ 7th grade ☐ 8th grade

☐ H.S. Freshman ☐ H.S. Sophomore ☐ H.S. Junior

☐ H.S. Senior - Did Not Attain H.S. Diploma

☐ H.S. Senior - Attained H.S. Diploma

☐ Col. Freshman ☐ Col. Sophomore ☐ Col. Junior ☐ Col. Senior

☐ Associate’s Degree ☐ Bachelor’s Degree ☐ Master’s ☐ Doctorate

☐ GED ☐ Certificate of Attendance/Completion

☐ Other Post-Secondary Degree or Certificate

Do you know if you've taken any of these assessments in the last 6 months?

☐ TABE ☐ CASAS ☐ ESL ☐ Other 

Can you follow basic written instructions and diagrams with no help or just a little help? ☐ Yes ☐ No

Can you fill out basic medical forms and job applications? ☐ Yes ☐ No

Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits? ☐ Yes ☐ No

Can you do basic tasks on a computer? ☐ Yes ☐ No

Education

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Do you speak and read English well enough to get and keep a job?

☐ Yes ☐ No

Were they able to complete this form on their own? ☐ Yes ☐ No

Have you earned any occupational credentials or certificates? If yes, enter the credential and or certificate below:

Title 

Date Earned 

Credential/Certificate Type 

Title 

Date Earned 

Credential/Certificate Type 

If you have a degree, certificate, license, or credential:

* Do you have work experience in the field that you trained in? ☐ Yes ☐ No
* If yes, can you still perform the job you have been trained in? ☐ Yes ☐ No

Skills and Interests

* Profi

What are three things you would like to get out of this program?  



What type of work would you like to do?

☐ Technical (example:  Perform mechanical, information technology, mathematical, or scientific tasks.)

☐ Management (example:  Organize and lead others to reach a common goal.)

☐ Craftsmen/Foreman (example: Perform a trade or handicraft.)

☐ Service (example: Cares for or provides services to others.)

☐ Farm/Other Labor (example: Raise crops/animals or perform physical work.)

☐ Clerical (example:  Perform general office duties.)

☐ Sales (example: Sell products/services.)

☐ Other

What type of training would be best for you? Select all that apply.

☐ Classroom Instruction

☐ Training that I get while on the job (like OJT, apprenticeship, work experience)

What schedule are you willing to work?

☐ Day Shift ☐ Evening Shift ☐ Night Shift ☐ Weekdays ☐ Weekends

Work History

* Profi

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.

If employed who is your current employer?

Employer Name 

Start Date 

Job Title 

Employer Address:

Street Address 1 

Street Address 2 

City 

State  ZIP Code 

Work History

Job Duties



Hours worked per week 

Does this job meet your needs? ☐ Yes ☐ No

 Why or why not?



If you are no longer with this employer provide the following information.

Reason for leaving



Was this your primary employment? ☐ Yes ☐ No

Were you self-employed? ☐ Yes ☐ No

Signature

I (participant) declare that all the information submitted in the application is correct, true, and valid. I will present the supporting documents as required.



Participant Signature Date



Case Manager’s Signature Date