

33333NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM Member of the American Job Center network **Today's Date** _____/_____/_____

UNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED..

ssn _____ - _____ - _____ **Date of Birth** _____ / _____ / _____ MM/DD/YYYY **Gender** Female Male

Last Name _____ **First Name** _____ **Middle Initial** _____

Street _____ **City** _____ **State** _____ **ZIP Code** _____ **County** _____

Phone #: () _____ **Email:** _____ **Contact Preference** Postal E-mail
Alt. Phone # () _____ Primary Phone Alt. Phone

Ethnic Heritage Hispanic or Latino Not Hispanic or Latino
 I choose not to disclose
Race Asian Alaskan/American Indian White
 Black/African American Hawaiian/Pacific Islander
 I choose not to disclose

Marital and Family Status (choose all that apply)
 married divorced unmarried
Household one-parent two-parent
 not a family member(single) other (dependent, child)
 optional: pregnant

School Status
 In-school: HS/secondary or Less alternative HS/Post-secondary
 Not attending school: HS dropout HS grad/equivalent
 16 or younger and did not attend last school year quarter

Employment Status (choose one)
 employed not employed
 employed but received notice of termination
 not employed and not seeking work
 If employed are you working (choose one)
 full-time part-time
 seasonal/temporary self-employed
 If not employed and homemaker:
 Receiving support from spouse/former spouse
 Not receiving support from spouse/former spouse

Education Level (Choose highest level only)
 no grade _____ Yrs completed, (1-11) no diploma
 12th grade, no diploma 12th grade, HS grad
 HS equivalency disabled w/ Cert. IEP

Post-secondary/Vocational/Associate/High School Plus
 Post-secondary no degree 1 year 2 years 3 years
 Vocational Certificate 1 year 2 years 3 years
 Associate Degree 1 year 2 years 3 years
 Other Degree BA/BS Master's PhD

US Citizen
 Yes No Permanent Resident or Exp.Date: _____
 Alien Reg.# (if applicable): _____

Individual with Disability Yes No Choose not to disclose [If Yes, please ask staff for Form D, which is kept confidential, and specify your type of disability: hearing; vision; mental; mobility; cognitive/I/DD; learning; chronic health]

Migrant Seasonal Farmworker
 Yes No If Yes, choose one: migrant seasonal farmworker migrant farmworker migrant food process worker
 dependent of migrant seasonal farmworker **Farmwork Type:** food processing production and services

Selective Service (Males born on or after 1/1/1960 only)
 Yes No
 Selective Service # _____

Native Language English other - specify: _____

Housing (choose one)
 foster child aged out of foster care
 homeless runaway
 own home rent
 choose not to disclose
 none of the above apply

Military Service Yes - branch: _____ No
 If Yes, use DVOP Checklist
 campaign veteran National Guard Reserve active duty
 transitioning vet discharged retirement other eligible
 active service - from _____ to _____
Service Disability
 disabled not disabled special disabled
 Receiving Veteran's benefits or assistance? Yes No

Offender Status - Have you been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify: _____ Military Spouse - Are you a: <input type="checkbox"/> spouse of active duty service member <input type="checkbox"/> widow of a service member <input type="checkbox"/> spouse of a disabled veteran If you are the spouse of an active duty service member, has your income been affected by your spouse's deployment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe you have any barriers to employment, including customs, practices or beliefs, not described on this form, which you wish to disclose? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide this information on Form D.	

Employment Preferences

Work Week full-time part-time both not seeking employment at this time

Duration regular (150 Days+) temporary (150 days or less) both

Minimum Salary \$ _____ Per _____ **Date Available to Work** ____/____/____

Shift Preference Willing to work any shift? Yes No If No, which shift(s): 1st 2nd 3rd Split Rotating

Employment Objective _____ **Desired Job Title(s)** 1) _____
 2) _____ 3) _____ 4) _____ 5) _____

Desired Employer(s) 1) _____ 2) _____ 3) _____

Acceptable Job Locations (check one): 5 10 25 50 100 miles from ZIP Code _____

Work History (current/last employer) Job Title _____ Employer _____

Street _____ City _____ State _____

Start date ____/____/____ End date ____/____/____ Wage \$ _____ per _____

Reason for leaving lack of work/layoff fired medical/health quit retired strike still employed
 other (specify) _____

Job duties _____

_____ If you wish to provide additional work history, inform staff person.

Additional Skills _____

Professional Associations _____

Certificate/Special Licenses

Certificate/License _____ Issued by _____

Date issued ____/____/____ State _____ Country _____

Education/course of study _____ Degree _____

School _____ State _____ Country _____

Driver License

License <input type="checkbox"/> No <input type="checkbox"/> Yes State _____ Type <input type="checkbox"/> CDL-A <input type="checkbox"/> CDL-B <input type="checkbox"/> CDL-C <input type="checkbox"/> Auto <input type="checkbox"/> Moped Transportation <input type="checkbox"/> I own a vehicle <input type="checkbox"/> I have insurance I have access to: <input type="checkbox"/> vehicle <input type="checkbox"/> motorcycle <input type="checkbox"/> bus/ rail <input type="checkbox"/> none <input type="checkbox"/> other	Endorsements <input type="checkbox"/> passenger transport <input type="checkbox"/> motorcycle <input type="checkbox"/> hazardous materials <input type="checkbox"/> tank vehicle <input type="checkbox"/> school bus <input type="checkbox"/> doubles/triples <input type="checkbox"/> tank hazards <input type="checkbox"/> air brakes
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I attest that the information provided is true and accurate. Any misrepresentation may be grounds for termination from program(s). I also understand that being eligible for services and/or training does not necessarily entitle me to service/training.

Applicant Signature _____ Date _____ Parent/Guardian* _____ Date _____

Staff Signature _____ Date _____ Reviewed/Verified By _____ Date _____ *<18 only

Staff use only

<input type="checkbox"/> WIOA Adult <input type="checkbox"/> WIOA Dislocated Worker <input type="checkbox"/> WDP Grant (Specify: _____) <input type="checkbox"/> National Dislocated Worker Grant	<input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> GA <input type="checkbox"/> CAVP	Assistance start date _____ Case # _____	Income Status <input type="checkbox"/> 100% LLSIL <input type="checkbox"/> 70% LLSIL <input type="checkbox"/> Not Disclosed <input type="checkbox"/> Local Priority (Specify): _____	
Barriers to Employment <input type="checkbox"/> Youth In/Aged out of Foster Care <input type="checkbox"/> Indian/Alaska native/Native Hawaiian <input type="checkbox"/> Within 2yrs of TANF exhaustion		<input type="checkbox"/> ELL/Lower Level Literacy <input type="checkbox"/> Low-Income Individual <input type="checkbox"/> Homeless Individual <input type="checkbox"/> Eligible MSFW	<input type="checkbox"/> Substantial Cultural Barriers <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Long-Term Unemployed <input type="checkbox"/> Single Parent <input type="checkbox"/> Disability <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Older Individual	WDB (County) Code _____
<input type="checkbox"/> WIOA Youth ISY <input type="checkbox"/> WIOA Youth OSY <input type="checkbox"/> Low-Income <input type="checkbox"/> High Poverty Area <input type="checkbox"/> 5% Limitation	Additional Info <input type="checkbox"/> Underemployed <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Interested in Nontraditional Employment		AOSOS ID#: _____	
OSY <input type="checkbox"/> Foster Youth <input type="checkbox"/> Dropout <input type="checkbox"/> Homeless <input type="checkbox"/> Not Attended Last Q <input type="checkbox"/> Offender <input type="checkbox"/> Low Income AND Basic Skills Deficient <input type="checkbox"/> Pregnant/parenting <input type="checkbox"/> Disability <input type="checkbox"/> Low Income AND youth who Requires Add'l Assistance		Referral Source <input type="checkbox"/> DVRS <input type="checkbox"/> LWD <input type="checkbox"/> UI <input type="checkbox"/> Public Assistance Agency <input type="checkbox"/> CBO/FBO <input type="checkbox"/> Self <input type="checkbox"/> Other Local Area <input type="checkbox"/> CSBG <input type="checkbox"/> Employer <input type="checkbox"/> HUD <input type="checkbox"/> Adult Education <input type="checkbox"/> Library <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Public Education <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Re-entry/Second Chance <input type="checkbox"/> Displaced Homemaker Program <input type="checkbox"/> Family Success Center <input type="checkbox"/> MSFW Grantee		
ISY <input type="checkbox"/> Low-Income AND <input type="checkbox"/> BSD <input type="checkbox"/> English Language Learner <input type="checkbox"/> Offender <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Youth <input type="checkbox"/> Pregnant/parenting <input type="checkbox"/> Disability <input type="checkbox"/> Youth who Requires Add'l Assistance				