

Applicant Questionnaire

Identifying Information

Name:	Social Security Number:	
Residence Address:	Phone:	Alt. Phone:
Mailing Address:	Birthdate:	
City:	County:	State/Zip:
E-Mail:		

Statistical Information

(information is optional and is collected only for the purpose of reporting to Federal and Equal Employment Opportunity Agencies)

Gender: Male Female **Hispanic/Latino:** Yes No **Disability:** Yes No No Answer

Race: White African American Asian Native American/Alaskan Native Hawaiian Native/Pacific Islander

Other (Specify): _____

Assistance Needed (Check all that apply)

<input type="checkbox"/> Resource Room Usage <input type="checkbox"/> Register for Work <input type="checkbox"/> Internet Job Search <input type="checkbox"/> Job Search Assistance <input type="checkbox"/> Job Matching/Referral <input type="checkbox"/> Assistance w/ Financial Aid (Pell Grant Applications) <input type="checkbox"/> Job Corps Information/Referral	<input type="checkbox"/> Reading Education (Reading, Writing or /Math) <input type="checkbox"/> GED Preparation <input type="checkbox"/> English as a Second Language Classes <input type="checkbox"/> Specialized Services for Age 55 and Older <input type="checkbox"/> Unemployment Insurance Information <input type="checkbox"/> Child Care Services <input type="checkbox"/> Other (Specify): _____
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Personal Characteristics (voluntary information – you may check all that apply)

<input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Legally Authorized to work in the U.S. <input type="checkbox"/> Selective Service Registrant <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Veteran of the United States Armed Forces <u>Military Dates:</u> (Month/Year) _____ to: _____ <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Other Veteran <input type="checkbox"/> Eligible Person <input type="checkbox"/> Other Veteran w Campaign Badge <input type="checkbox"/> Driver's License Type: A B C Endorsements: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> X <input type="checkbox"/> Laid Off Worker or Received Notification of Lay Off <input type="checkbox"/> SNAP Recipient <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Child	<input type="checkbox"/> Current TANF Recipient <input type="checkbox"/> Former TANF Recipient (No longer receiving due to time limited benefits) <input type="checkbox"/> Economically Disadvantaged Are you Currently Attending School? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Highest Grade Completed:</u> _____ <input type="checkbox"/> High School Graduate/GED Recipient <input type="checkbox"/> College Degree(s) or Hours: (Specify Degree / # of hours attended): _____ <input type="checkbox"/> Certification(s) / Occupational License(s): <u>Specify:</u> _____ <input type="checkbox"/> Individual w/ Disability <input type="checkbox"/> Typing Speed: _____ <input type="checkbox"/> 10 Key Speed _____ Does any family member within your household receive SSI or TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No
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For Office Use Only

WIOA Worker Profiled SNAP CHOICES
 NCP TAA Certified NEG Veteran MSFW

Appointment Date: _____ Time: _____

Case Manager: _____

Employment History (Please list 3 most recent jobs held for 3 or more months.) Place a check in the box next to "Employer" if you would like to keep the company confidential from employers.	
<input type="checkbox"/> Employer:	Employment Period From: Mo/Yr To: Mo/Yr
Job Title:	Salary:
Job Duties:	
Reason For Leaving (Circle One): Laid Off Terminated Quit Still Employed Other:	
<input type="checkbox"/> Employer:	Employment Period From: Mo/Yr To: Mo/Yr
Job Title:	Salary:
Job Duties:	
Reason For Leaving (Circle One): Laid Off Terminated Quit Still Employed Other:	
<input type="checkbox"/> Employer:	Employment Period From: Mo/Yr To: Mo/Yr
Job Title:	Salary:
Job Duties:	
Reason For Leaving (Circle One): Laid Off Terminated Quit Still Employed Other:	
Employment or Training Interest	
1 st Choice:	2 nd Choice:
Circle One: FT or PT or Both Shift: Days Evenings Nights Rotating Desired Salary: _____	
What areas are you available to work in? (Please check all that apply): <input type="checkbox"/> Beaumont <input type="checkbox"/> Port Arthur <input type="checkbox"/> Orange <input type="checkbox"/> Port Neches/Groves <input type="checkbox"/> Silsbee/Lumberton <input type="checkbox"/> Other _____	
Additional Contact Information	
Contact 1:	
Name:	Phone:
Contact 2:	
Name:	Phone:

I have received notification and have been given the opportunity to ask questions about **Equal Opportunity is the Law**. Yes No

I certify the above information is true and consent to the release/sharing of my information to various partners to facilitate my receipt of services.

 Applicant Signature Date Parent or Legal Guardian Signature (if applicable) Date