

## Applicant Questionnaire

<b>Identifying Information</b>			
Name:		Social Security Number:	
Residence Address:		Phone:	Alt. Phone:
Mailing Address:		Email:	Birthdate:
City:	County:	State/Zip:	Preferred Method of Contact:
<b>Statistical Information</b>			
<i>(information is optional and is collected only for the purpose of reporting to Federal and Equal Employment Opportunity Agencies)</i>			
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Hispanic/Latino:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Other (Specify): _____			
<b>Assistance Needed (Check all that apply)</b>			
<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): _____	
<b>Personal Characteristics (voluntary information – you may check all that apply)</b>			
<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: <b>A B C</b> 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 ( <i>No longer receiving due to time limited benefits</i> ) <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: ( <i>Specify Degree / # of hours attended</i> ): _____ <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	

**For Office Use Only**

WIOA       RESEA       SNAP       CHOICES  
 NCP       TAA Certified       NDW       Veteran       MSFW

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Case Manager: \_\_\_\_\_

