

NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM A proud partner of the AmericanJobCenter® network <u>UNDERLINED</u> SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED..				Today's Date ____/____/____		
ssn ____ - ____		Date of Birth ____/____/____ MM/DD/YYYY		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Last Name		First Name		Middle Initial		
Street		City		State	ZIP Code	County
Phone #: () _____ Alt. Phone # () _____		Email: _____		Contact Preference <input type="checkbox"/> Postal <input type="checkbox"/> E-mail <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alt. Phone		
Ethnic Heritage <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to disclose			Marital and Family Status (choose all that apply) <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> unmarried			
Race <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> I choose not to disclose			Household <input type="checkbox"/> one-parent <input type="checkbox"/> two-parent <input type="checkbox"/> not a family member(single) <input type="checkbox"/> other (dependent, child) <input type="checkbox"/> optional: pregnant			
School Status In-school: <input type="checkbox"/> HS/secondary or Less <input type="checkbox"/> alternative <input type="checkbox"/> HS/Post-secondary Not attending school: <input type="checkbox"/> HS dropout <input type="checkbox"/> HS grad/equivalent <input type="checkbox"/> 16 or younger and did not attend last school year quarter			Employment Status (choose one) <input type="checkbox"/> employed <input type="checkbox"/> not employed <input type="checkbox"/> employed but received notice of termination <input type="checkbox"/> not employed and not seeking work If employed are you working (choose one) <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> seasonal/temporary <input type="checkbox"/> self-employed If not employed and homemaker: <input type="checkbox"/> Receiving support from spouse/former spouse <input type="checkbox"/> Not receiving support from spouse/former spouse			
Education Level (Choose highest level only) <input type="checkbox"/> no grade <input type="checkbox"/> ____ Yrs completed, (1-11) no diploma <input type="checkbox"/> 12th grade, no diploma <input type="checkbox"/> 12th grade, HS grad <input type="checkbox"/> HS equivalency <input type="checkbox"/> disabled w/ Cert. IEP			US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident or Exp.Date: _____ Alien Reg.# (if applicable): _____			
Post-secondary/Vocational/Associate/High School Plus <input type="checkbox"/> Post-secondary no degree <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Associate Degree <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Other Degree <input type="checkbox"/> BA/BS <input type="checkbox"/> Master's <input type="checkbox"/> PhD						
Individual with Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, choose one: <input type="checkbox"/> migrant seasonal farmworker <input type="checkbox"/> migrant farmworker <input type="checkbox"/> migrant food process worker <input type="checkbox"/> dependent of migrant seasonal farmworker <i>Farmwork Type:</i> <input type="checkbox"/> food processing <input type="checkbox"/> production and services						
Selective Service (Males born on or after 1/1/1960 only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Selective Service # _____			Native Language <input type="checkbox"/> English <input type="checkbox"/> other - specify: _____			
Housing (choose one) <input type="checkbox"/> foster child <input type="checkbox"/> aged out of foster care <input type="checkbox"/> homeless <input type="checkbox"/> runaway <input type="checkbox"/> own home <input type="checkbox"/> rent <input type="checkbox"/> choose not to disclose <input type="checkbox"/> none of the above apply			Military Service <input type="checkbox"/> Yes - branch: _____ <input type="checkbox"/> No If Yes, use DVOP Checklist <input type="checkbox"/> campaign veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> active duty <input type="checkbox"/> transitioning vet <input type="checkbox"/> discharged <input type="checkbox"/> retirement <input type="checkbox"/> other eligible <input type="checkbox"/> active service - from _____ to _____ <i>Service Disability</i> <input type="checkbox"/> disabled <input type="checkbox"/> not disabled <input type="checkbox"/> special disabled Receiving Veteran's benefits or assistance? <input type="checkbox"/> Yes <input type="checkbox"/> 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				