

CONTACT & GENERAL INFORMATION			Date of Application:		
Name (First, Middle, Last):		Age:	Date of Birth:	Last 4 of Social Security #:	
Mailing Address:		City, State:		Zip Code:	
Email Address:		Phone Number:		Alternate Phone:	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resident Alien or Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If male 18 or older, registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Discharged <input type="checkbox"/> Spouse of a Veteran	
Receiving Public Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Registered in CalJOBS (www.caljobs.com)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about our services?					
EMPLOYMENT STATUS/HISTORY					
<input type="checkbox"/> Working Part-Time <input type="checkbox"/> Working Full-Time <input type="checkbox"/> Not Employed <input type="checkbox"/> Never Worked					
Name of Last (or Current Employer):				Job Title:	
Employer Address:				Employer Phone Number:	
Last Date Worked:	Last Rate of Pay:	Are you receiving unemployment insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you receive a notice of company closure, termination or lay-off? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EDUCATIONAL STATUS: Select one of the following criteria that you currently meet:					
Are you current attending: <input type="checkbox"/> High School <input type="checkbox"/> Adult Education <input type="checkbox"/> College <input type="checkbox"/> Other, please explain:		High Grade Completed:	Do you have a Diploma or GED/HSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Do you have a degree or certificate? <input type="checkbox"/> Yes, type & major? _____ <input type="checkbox"/> No			
INFORMATION ABOUT YOU: Which of the following do you think will make it hard for you to get a job?					
<input type="checkbox"/> Language Barrier		<input type="checkbox"/> School Drop-Out			
<input type="checkbox"/> Limited Education or Training		<input type="checkbox"/> Ex-Offender, or subject to Juvenile or Adult Justice System			
<input type="checkbox"/> Limited Transportation		<input type="checkbox"/> Homeless, runaway, in foster care or aged out of foster care			
<input type="checkbox"/> Limited Work History / Experience		<input type="checkbox"/> Other _____			
<input type="checkbox"/> No Childcare					
MENU OF SERVICES: How Can We Help You?					
<input type="checkbox"/> Find a Job		<input type="checkbox"/> GED classes and tutoring assistance			
<input type="checkbox"/> Receive training tuition assistance to update skills		<input type="checkbox"/> Information on legal or financial workshops			
<input type="checkbox"/> Receive paid work experience		<input type="checkbox"/> Transportation, childcare, interview clothing assistance			
<input type="checkbox"/> Job search, application, and resume assistance		<input type="checkbox"/> Other: _____			

CERTIFICATION: I certify that all the information given on this application is true and accurately to the best of my knowledge. I also understand the completion of this application does not guarantee services or enrollment into the employment and training program.

Applicant Signature: _____ Date: _____

File Name