

NEW JERSEY INITIAL INTAKE AND ASSESSMENT FORM A proud partner of the AmericanJobCenter® network

Today's Date:

____/____/____

SSN#: _____ - _____ - _____

DOB: ____/____/____ MM/DD/YYYY

Gender: Female Male

Name:

Street:

City:

State:

Zip Code:

County:

Phone # 1: () _____

Phone # 2: () _____

Email:

Contact Preference: Postal Fax
 E-mail Primary Phone Alt. Phone**Ethnic Heritage:** (choose all that apply)

- Hispanic or Latino White Black or African American
 Alaskan/American Indian Asian Hawaiian/Pacific Islander
 I choose not to respond

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: secondary or Less Alternative Post-secondary
 Not attending school: HS dropout
 within compulsory age (16 or younger)
 HS grad/equivalent

Employment Status:

- Employed Not Employed
 Employed-Received notice of termination
 Not in Labor Force (not working + not seeking work)
 If employed are you working:
 Full-time Part-Time
 Seasonal/Temporary Self Employed
 If Not Employed and Homemaker:
 Spouse providing support Spouse not providing support

Education Level (Choose highest only):

- No grade ____ Yrs completed, (1-11) no diploma
 12th grade, no diploma HS equivalency 12th grade, HS grad
 Disabled w/ Cert. IEP

Post-secondary/Vocational/Associates High School Plus:

- Post-secondary no degree:** 1 year 2 years 3 years
 Vocational Certificate: 1 year 2 years 3 years
 Associates Degree: 1 year 2 years 3 years
 Other Degree: BA/BS Masters PhD

US Citizen:

- Yes No Permanent Resident
 Alien Reg.# (if applicable): _____

Individual with Disabilities: Yes No Choose not to disclose [If Yes, please provide this information on Form D, which is kept confidential: Type of Disability: Hearing; Vision; Mental; Mobility; Cognitive//DD; Learning; Chronic Health]

Housing:

- Aged out of Foster Care Foster Child Homeless Choose not to disclose
 Own Home Rent Runaway None Above Apply

Assessments: Have you received any of the following in the last six months?

- Academic Assessment (TABE, Best, etc)
 Aptitude/Interest Inventory (NJCAN, CareerScope)
 Skills Inventory (Provel!, etc..)
 Other(s): _____

Primary Language: English Other Specify: _____

Offender Status - Have you been convicted of criminal offense?

- Yes No

Military Service: No Yes Branch: _____ See DVOP Checklist

- Campaign Veteran National Guard /Reserve Active Duty
 Transitioning Vet Discharge Retirement Other Eligible
 Active Service From: _____ to: _____

Service Disability:

- Disabled Not Disabled Special Disabled
 Receiving Veteran's benefits or Assistance? No Yes

If Yes, specify: _____

Registered with Selective Service ? (Males born on or after January 1, 1960 only)

- Yes
 No
 Selective Service #: _____

Military Spouse - Are you:

- Active Duty Service Member Spouse
 Service Member Widow
 Disabled Veteran Spouse

If active duty spouse, has your income been affected by spouse's deployment?

- Yes No

Migrant Seasonal Farmworker:

- Yes No If Yes, specify below:
 Seasonal Farmworker Farmworker
 Food Process Worker Dependent of MSFW

Farmwork Type:

- Production and Services
 Food Processing

If you have any barriers to employment not described on this form which you wish to disclose, please complete 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(s):** _____**Desired Job Titles:** 1) _____ Experience in position _____ Years _____ Months

2) _____ Experience in position _____ Years _____ Months

Desired Job Location (check one): 5 10 25 50 100 miles from this 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/Lay Off Fired Medical/Health Quit Retired Still Employed Strike
 Other (Specify) _____

Job Duties: _____

Work History (Current/Last Employer):

Job Title: _____ Employer: _____

Street: _____ City: _____ State: _____

Start Date: _____ / _____ / _____ End Date: _____ / _____ / _____ Wage: \$ _____ per _____

Reason for Leaving: Lack of Work/Lay Off Fired Medical/Health Quit Retired Still Employed Strike
 Other (Specify) _____

Job Duties: _____

Additional Skills: _____**Professional Associations:** _____**Certificate/Special Licenses****Certificate/License:** _____ Issued by: _____

Issued Date: _____ / _____ / _____ State: _____ Country: _____

Education-Course of Study: _____ Degree: _____ School: _____

State: _____ Country: _____

Driver's License**License:** No Yes State: _____**Type:** CDL-A CDL-B CDL-C Auto Moped**Endorsements:** Passenger Transport Hazardous Materials Tank Vehicle Motorcycle School Bus Doubles/Triples Tank Hazards Air Brakes*I attest that the information provided is true and accurate any misrepresentation may be grounds for termination from program(s). I further understand that being determined 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 _____

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