

**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):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  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:

<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 Assistance start date: _____ <input type="checkbox"/> SNAP Case #: _____ <input type="checkbox"/> GA <input type="checkbox"/> CAVP	<b>Income Status:</b> <input type="checkbox"/> 100% LLSIL <input type="checkbox"/> 70% LLSIL <input type="checkbox"/> Not Disclosed <input type="checkbox"/> Local Priority (Specify): _____
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**Barriers to Employment:**  ELL/Lower Level Literacy AND Facing Substantial Cultural Barrier  
 Youth In/Aged out of Foster Care  Low-Income Individual  Displaced Homemaker  Disability  
 Indian/Alaska native/Native Hawaiian  Homeless Individual  Long-Term Unemployed  Ex-Offender  
 Within 2yrs of TANF exhaustion  Eligible MSFW  Single Parent  Older Individual

WIOA Youth ISY  WIOA Youth OSY  Low-Income (LI) **Additional Info:**  Underemployed **AOSOS ID#:** \_\_\_\_\_  
 High Poverty Area  5% Limitation  Interested in Nontraditional Employment

**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