

NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM <small>A proud partner of the AmericanJobCenter® network</small>				Today's Date ____/____/____	
UNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED.					
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 Farm work Type: <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 _____ Service Disability <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 If yes, specify: _____		
Offender Status - Have you been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			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 No Yes State _____
Type CDL-A CDL-B CDL-C Auto Moped
Transportation I own a vehicle I have insurance
I have access to: vehicle motorcycle bus/ rail none other

Endorsements
 passenger transport motorcycle
 hazardous materials tank vehicle 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 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

WIOA Adult WIOA Dislocated Worker TANF Assistance start date _____ **Income Status**
 WDP Grant (Specify: _____) SNAP Case # _____ 100% LLSIL 70% LLSIL Not Disclosed
 National Dislocated Worker Grant GA Local Priority (Specify): _____
 CAVP

Barriers to Employment ELL/Lower-Level Literacy Substantial Cultural Barriers WDB (County) Code _____
 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 **Additional Info** Underemployed Not in Labor Force **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

ISY Low-Income AND BSD English Language Learner
 Offender Homeless Foster Youth Pregnant/parenting
 Disability Youth who Requires Add'l Assistance

Referral Source
 DVRS LWD UI Public Assistance Agency
 CBO/FBO Self Other Local Area CSBG
 Employer HUD Adult Education Library
 Probation Parole Public Education Relative/Friend
 Re-entry/Second Chance Displaced Homemaker Program
 Family Success Center MSFW Grantee