

<b>NAME:</b>	<b>DATE:</b>
<b>ADDRESS:</b>	
<b>CITY, STATE, ZIP</b>	
<b>TELEPHONE:</b> (Primary)	(Alternate)
<b>EMAIL:</b>	

**EDUCATION**

<b>Do you have a High School (HS) Diploma?</b>	YES	NO
• If yes, when did you receive your high school diploma (month/year)?		
• If yes, where did you receive your high school diploma?		
• If no, what is the highest grade level you completed?		
<b>Do you have a General Equivalency Diploma (GED)?</b>	YES	NO
• If yes, when did you receive your GED?		
• If no, are you interested in returning to school to get a HS diploma or GED?	YES	NO
<b>Are you enrolled in Certification Training or College Degree Program?</b>	YES	NO
• If yes, which have you enrolled?	Short Term Certification Program Vocational Training Program College Degree Program	
• If yes, where are you currently enrolled?		
• If yes, what degree or certification are you seeking?		
• If no, would you like to receive training?	YES	NO
• If yes, what occupation is your training interest?		
<b>Do you have any certifications?</b>	YES	NO
• If yes, what is the name of your certification(s)?	1 _____	
	2 _____	
	3 _____	
• When did you receive your certification(s)?	1 _____	
	2 _____	
	3 _____	
• Is the certification still valid?	YES	NO
• Can you provide a copy of the certification?	YES	NO
• Would you like to update the certification?	YES	NO

## NEEDS AND BARRIERS

<b>Are you employed?</b>	YES	NO
• If yes, have you reported the employment to DCF via your MyAccess Account?	YES	NO
• If yes, where do you work?		
• How many hours do you work each week?		
• How much money do you earn each week?		
• If yes, can you provide proof of your employment?	YES	NO
<b>Have you been determined eligible to Receive Re-employment Assistance?</b>	YES	NO
• Can you provide your RA benefits approval letter?	YES	NO
• If yes, have you reported your RA eligibility to DCF via your MyAccess Account?	YES	NO
<b>Do you have a physical or mental condition that prevents you from working?</b>	YES	NO
• If yes, have you reported your condition to DCF via your MyAccess Account?	YES	NO
<b>Are you Pregnant?</b>	YES	NO
• If yes, have you reported your condition to DCF via your MyAccess Account?	YES	NO
<b>Do you receive SSI / SSDI from the Social Security Administration (SSA)?</b>	YES	NO
• If yes, have you reported this income to DCF via your MyAccess Account?	YES	NO
• If no, have you applied for SSI/SSDI with SSA?	YES	NO
• If yes, what is your disability application status?	DENIED	APPEAL
		PENDING
<b>Are you providing care for a disabled or incapacitated adult?</b>	YES	NO
• If yes, have you reported you are a caregiver to DCF via your MyAccess Account?	YES	NO
<b>Are you the caretaker of a child under six (6) year of age?</b>	YES	NO
• If yes, have you reported you are a caretaker to DCF via your MyAccess Account?	YES	NO
<b>Do you reside with a child under 18 year so age?</b>	YES	NO
• If yes, have you reported your living arrangement to DCF via MyAccess Account?	YES	NO
<b>Are you homeless?</b>	YES	NO
• If yes, select which applies:		
I am temporarily living with a family member.		
I am temporarily living with a friend.		
I am currently living in a shelter.		
I currently have no place to stay.		
• If you currently have no place to stay, would you like to receive a referral to a shelter?	YES	NO
<b>Are you participating in a Drug and Alcohol Treatment Program?</b>	YES	NO
• If yes, have you reported your treatment to DCF via your MyAccess Account?	YES	NO
• If no, would you like to receive a referral for counseling?	YES	NO

<b>Do you often feel sad, nervous, agitated or angry?</b>	YES	NO
• If yes, would you like a referral for counseling?	YES	NO
<b>Do you use tobacco products?</b>	YES	NO
• If yes, would you like a referral to the Florida Quitline?	YES	NO
<b>Are you currently on probation?</b>	YES	NO
<b>Have you been convicted of a crime?</b>	YES	NO
<b>Do you have any outstanding legal issues?</b>	YES	NO
Do you have a job offer, but your background is creating a barrier to the employment?	YES	NO
• If yes, would you like to learn more about the Federal Bonding Program?	YES	NO
<b>Do you feel unsafe in your home?</b>	YES	NO
• Check all that apply to why you feel unsafe in your home:		
I am afraid of my spouse, mate, or domestic partner who resides <i>inside</i> my home.		
I am afraid of my spouse, mate, or domestic partner who resides <i>outside</i> my home.		
I am afraid of someone who is not my spouse, mate, or domestic partner living in my home.		
• Would you like domestic counseling?	YES	NO
<b>Do you have a car and need help with gas costs to travel for SNAP E&amp;T Participation?</b>	YES	NO
<b>Do you live near public transportation?</b>	YES	NO
<b>Do you have a current driver's license?</b>	YES	NO
<b>Is English your second language?</b>	YES	NO
• If yes, would you like a referral for ESOL classes?	YES	NO
<b>EMPLOYABILTY SKILLS</b>		
<b>Do you have any industrial work skills?</b>	YES	NO
If yes, check all that apply:		
CDL License	Inventory Control	Electronics
Assembly	Mechanical	Welding
None of these apply	Other: _____	
<b>Do you have any office skills?</b>	YES	NO
If yes, check all that apply:		
Receptionist	Bookkeeping	Telemarketing
Data Entry	Microsoft Office – Word	Microsoft Office - Excel
Typing ≥ 25 words/minute	None of these apply	Other: _____

<b>Do you have any trade skills?</b>			YES	NO
If yes, check all that apply.				
Landscaping	Cement/Masonry	Carpentry		
Electrical	Roofing	Plumbing		
HVAC	Aluminum/Steel	Machinist		
None of these apply	Other: _____			
<b>Do you have any health care skills?</b>			YES	NO
If yes, check all that apply.				
Certified Nursing Assistant	Licensed Practical Nurse	Registered Nurse		
Medical Billing/Coding	Medical Secretary	Laboratory Technician		
Phlebotomist	Dental Assistant	Dental Hygienist		
Pharmacy Technician	None of these apply	Other: _____		
<b>Do you have any computer skills? If yes, check all that apply</b>			YES	NO
If yes, check all that apply.				
Help Desk	Networking	Computer Aided Design		
Programing	Engineer	Telecommunications		
Web Design	None of these apply	Other: _____		
<b>Do you have equipment operations skills?</b>			YES	NO
If yes, check all that apply.				
Warehouse	Agricultural	Mailroom		
Printing	Marine	None of these apply		
Other: _____				
<b>Do you have any retail/food service/hospitality skills.</b>			YES	NO
If yes, check all that apply.				
Sales	Grocery	Food Preparation		
Food Server	Housekeeping	Cashiering		
Travel Agents	Airline Counter/Agents	Cruise Line Agents		
None of these apply	Other: _____			
<b>Do you have any professional skills?</b>			YES	NO
If yes, check all that apply.				
Accounting	Banking	Fitness		
Legal	Childcare	Cosmetology		
Education	Outside Sales	Engineering		
None of these apply	Other: _____			

<b>Do you have any community service skills?</b>	YES	NO
If yes, check all that apply.		
Fire Fighter	Law Enforcement	Social Services Worker
Corrections Officer	Security	Emergency Management
Mental Health Services	None of these apply	Other: _____

<b>CAREER GOALS AND INTERESTS</b>
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<b>What are your career goals?</b>	Check all that apply.
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<b>Healthcare Occupations:</b>		
Nursing (CNA,LPN,RN)	Physical Therapy/Massage	X-Ray Technology
Pharmacy Technician	Phlebotomist	Dental (Assistant, Hygienist)
Medical Records/Billing/Coding	None of these apply	Other: _____

<b>Professional Occupations:</b>		
Accounting	Banking	Fitness
Legal	Childcare	Cosmetology
Education	Outside Sales	Engineering
Drivers – Truck/Bus/Taxi	None of these apply	Other: _____

<b>Hospitality/ Food Service/ Retail Occupations:</b>		
Sales	Grocery	Food Preparation
Food Server	Housekeeping	Cashiering
Travel Agents	Airline Counter/Agents	Cruise Line Agents
None of these apply	Other: _____	

<b>Computer/Technology Occupations:</b>		
Help Desk	Networking	Computer Aided Design
Programming	Engineer	Telecommunications
Web Design	None of these apply	Other: _____

<b>Trade Occupations:</b>		
Landscaping	Cement/Masonry	Carpentry
Electrical	Roofing	Plumbing
HVAC	Aluminum/Steel	Machinist
None of these apply	Other: _____	

<b>Community Service Occupations:</b>		
Fire Fighter	Law Enforcement	Social Services Worker
Corrections Officer	Security	Emergency Management
Mental Health Services	None of these apply	Other: _____

## WORK HISTORY

Have you been or are you currently employed?	YES	NO
What is /was the name of your most recent employer?		
What is /was the employer's address?		
What is /was the employer's city and state?		
What is /was the employer's phone number?		
What is/was your job title?		
How many hours do/did you work per week?	Are/were you paid hourly or salary?	
How often are/were you paid?	How much were/are you earning each pay period?	
When did you start working for this employer?		
Are you still employed with this employer?	YES	NO
<ul style="list-style-type: none"> <li>• If no, when did your employment end with this employer?</li> <li>• What was your reason for leaving?</li> <li>• What were your job duties?</li> </ul>		
Were you employed prior to this position?	YES	NO
What was the name of your previous employer?		
What was the employer's address?		
What was the employer's city and state?		
What was the employer's phone number?		
What was your job title?		
How many hours did you work per week?	Were you paid hourly or salary?	
How often were you paid?	How much were you earning each pay period?	
When did you start working for this employer?		
When did your employment end with this employer?		
<ul style="list-style-type: none"> <li>• What was your reason for leaving?</li> <li>• What were your job duties?</li> </ul>		
CUSTOMER SIGNATURE:		DATE:

*You have not been asked to provide your social security number on this form. For your information however, the Social Security Act (42 U.S.C. 1137) provides that your social security number may be used to administer the program, including determination of eligibility, attributing the receipt of services, correspondence and participation, as well as for reporting purposes. AWI-WTP 2290, December 2006 (replaces July 03) an equal opportunity employer / program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.*

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