

# Career Development Program

## Customer Summary

*To be completed by Customer. These questions are instrumental in assessing individual employment needs, and for developing a customized Employment Plan if the Career Development Program's services match your needs.*

Customer Information			
Name:		Date Submitted:	
Social Security (last four) #:		Birth Date: ____/____/____	Age:
Mailing Address:			
City:	State:	Zip Code:	County:
Phone #:		Alternate Phone #:	
Email:			
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed	
Are you the spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an Indian, Alaska Native, or Native Hawaiian? <input type="checkbox"/> Yes <input type="checkbox"/> No	

What areas of skill development do you need assistance in?	
<input type="checkbox"/> Upgrade Basic Computer Skills <input type="checkbox"/> Obtain ESL (English as a Second Language) Skills <input type="checkbox"/> Earn my GED (General Education Diploma) <input type="checkbox"/> Have started and would like to complete my GED <input type="checkbox"/> Training in: _____ <input type="checkbox"/> Finish my degree in: _____ <input type="checkbox"/> Obtain a certificate in: _____	<input type="checkbox"/> Job Search Tips <input type="checkbox"/> Resume / Cover Letter Assistance <input type="checkbox"/> Interviewing Assistance <input type="checkbox"/> Job Referrals Vocational Guidance <input type="checkbox"/> Career Planning Information <input type="checkbox"/> Other: _____
Are you seeking immediate employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, please explain)</i>	
Top three (3) occupations of interest?	

Work History	
List all jobs ( <i>paid or volunteer</i> ) you have held in the <u>last 5 years</u> starting with your current or most recent job. Please Explain any gaps in your employment. <i>(Attach additional page if necessary).</i>	
Employer: _____ City: _____ State: _____ Job Duties: _____ Start date (month/year): _____ End date (month/year): _____ Reason for Leaving: _____	Job Title: _____ Hours per week: _____ Wages: \$ _____ per hr. _____ _____
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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Wages: \$ \_\_\_\_\_ per hr.  
 Job Duties: \_\_\_\_\_  
 Start date (month/year): \_\_\_\_\_ End date (month/year): \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**Please explain gaps in employment**

Customer Information	Yes	No
Are you legally able to work in the United States? <i>(documentation required)</i>		
Do you have a state issued picture ID? (Driver's License, ID Card, Passport) <i>(documentation required)</i>		
Do you speak a language other than English? <i>(if so, what is the language)</i>		
Are you registered with Selective Service <b>(MALES ONLY)</b> ? <i>(verification required for MALES born after 12/31/1959 – staff can help obtain)</i>		
Are you currently receiving or eligible to receive Unemployment Insurance?		
In the last 5 years have you received Unemployment Insurance?		
Do you have your GED or High School Diploma?		
What is your highest school grade completed?:		
Highest credential earned: <input type="checkbox"/> GED/High School Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD		
Do you have any student loans in default?		
Have you ever been arrested <i>and/or</i> convicted of a criminal offense (including DUI)?		
Are you able to pass a drug test?		
Do you consider yourself to have a physical and/or mental disability? -----> <i>If yes, can you provide a medical release to work if necessary?</i> <input type="checkbox"/> Yes		
Are you Homeless?		

Family, Household & Income Information	
Family Status? <i>(Check One)</i>	<input type="checkbox"/> Independent <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Family member
Number of family members <i>(including self)</i>	
How many children <i>under the age of 18</i> are living in the household?	
Do you currently owe back child support payments?	
Are you currently <b>OR</b> within the last 6-months have you or your family received any form of public assistance <i>(Check all that apply)</i>	<input type="checkbox"/> TANF (Cash Assistance) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Food Assistance <input type="checkbox"/> LEAP (within last 12 Months) <input type="checkbox"/> Childcare Assistance Program <input type="checkbox"/> Low Income Housing
What is <i>your</i> income for the past 6 months?	\$ _____
What is <i>your family's</i> income for the past 6 months?	\$ _____

<b>Young Adult Information:</b> <i>(please complete if <u>under 25</u> years old)</i>	Yes	No
Are you currently attending high school, college, or otherwise enrolled in any education program?		
Are you 16-24 years old?		
Do you possess a state issued ID? (Driver's License, ID Card, Passport)		
Do you have access to your Social Security Card?		
Did you drop out of High School?		
Have you stopped attending school for at least 3 months?		
Have you ever been arrested <i>and/or</i> convicted of a criminal offense (including DUI)?		
Are you a pregnant or parenting youth?		
Are you homeless?		
Are you currently <i>and/or</i> have you aged out of foster home placement?		
If not a currently foster child, have you been in foster care but since aged out?		

<b>Partner Agencies</b>	
Are you receiving services from any of the following partner programs?	
<input type="checkbox"/> Adult Education <input type="checkbox"/> Job Corps <input type="checkbox"/> Vocational Rehabilitation /SWAP <input type="checkbox"/> Older Worker Program <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Social Security <input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Church <input type="checkbox"/> Employment and Training <input type="checkbox"/> Services Related to SNAP (Food Assistance) <input type="checkbox"/> Indian and Native American Programs <input type="checkbox"/> Youth Build <input type="checkbox"/> National Farm Worker Jobs Program

<b>Follow Up Contact</b>
Please list a contact person who can reach you in the event that we cannot <i>(this should be a person who does not live in the same household):</i>
Name: _____ Phone Number: _____
Relationship: _____

<b>Certification and Acknowledgement</b>	<b>Customer's Initials</b>
I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for Career Development Program activities and may be considered justification for dismissal if discovered at a later date.	
Finally, I recognize that a Customer Summary and eligibility determination are initial steps and do not guarantee program participation.	
Customer Signature: _____	