

NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM A proud partner of the American Job Center networkUNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED.

Today's Date:

____/____/____

SSN#: ____ - ____ - ____

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

Gender: ☐ Female ☐ Male

Last Name:

First Name:

Middle Initial:

Street:

City:

State:

Zip Code:

County:

Phone #: () _____

Alt. Phone #: () _____

Email:

Contact Preference: ☐ Postal ☐ E-mail☐ Primary Phone ☐ Alt. Phone**Ethnic Heritage:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino☐ I choose not to disclose **Race:** ☐ Alaskan/American Indian☐ Asian ☐ Black/African American ☐ White☐ Hawaiian/Pacific Islander ☐ I choose not to disclose**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: ☐ HS/secondary or Less ☐ alternative ☐ HS/Post-secondarynot attending school: ☐ HS dropout ☐ HS grad/equivalent☐ 16 or younger and have not attended last school year quarter**Employment Status** (choose one)☐ employed ☐ not employed☐ employed-received notice of termination☐ not employed and not seeking work

If employed are you working (choose one)

☐ full-time ☐ part-time☐ seasonal/temporary ☐ self-employed

If not employed and homemaker:

☐ Receiving support from spouse/former spouse☐ Not receiving support from spouse/former spouse**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/Associate High School Plus:

☐ **Post-secondary no degree:** ☐ 1 year ☐ 2 years ☐ 3 years☐ **Vocational Certificate:** ☐ 1 year ☐ 2 years ☐ 3 years☐ **Associate Degree:** ☐ 1 year ☐ 2 years ☐ 3 years☐ **Other Degree:** ☐ BA/BS ☐ Master's ☐ PhD**US Citizen:**☐ Yes ☐ No ☐ Permanent Resident or Exp.Date: _____

Alien Reg.# (if applicable): _____

Individual with Disability: ☐ Yes ☐ No ☐ Choose not to disclose [If Yes, please ask staff for Form D, which is kept confidential, and provide the following information: type of disability: hearing; vision; mental; mobility; cognitive/I/DD; learning; chronic health]**Migrant Seasonal Farmworker:**☐ Yes ☐ No If Yes choose one: ☐ migrant seasonal farmworker ☐ migrant farmworker ☐ migrant food process worker☐ dependent of migrant seasonal farmworker **Farmwork Type:** ☐ production and services ☐ food processing**Selective Service** (Males born on or after 1/1/1960 only)☐ Yes ☐ No☐ Selective Service #: _____**Housing:** (choose one)☐ aged out of foster care ☐ foster child☐ homeless ☐ runaway☐ own home ☐ rent☐ choose not to disclose☐ none of the above apply**Offender Status** - Have you been convicted of criminal offense? ☐ Yes ☐ NoDo you feel you have any barriers to employment, including customs, practices or beliefs, not described on this form, which you wish to disclose? ☐ Yes ☐ No
If Yes, please provide this information on Form D**Native Language:** ☐ English ☐ other specify: _____**Military Service:** ☐ No ☐ Yes branch: _____

If Yes, use 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 disabledReceiving Veteran's benefits or assistance? ☐ No ☐ Yes

If Yes, specify: _____

Military Spouse - Are you:☐ active duty service member spouse ☐ service member widow☐ disabled veteran spouseIf active duty spouse, has your income been affected by spouse's deployment? ☐ Yes ☐ No

1. Do you, a friend, or any member of the family have a history of opioid use? Yes No

2. Did you become unemployed or underemployed as a result of COVID-19? Yes No

Employment Preferences			
Work Week: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> both <input type="checkbox"/> not seeking employment at this time Duration: <input type="checkbox"/> regular (150 Days+) <input type="checkbox"/> temporary (150 Days or Less) <input type="checkbox"/> both Minimum Salary: \$ _____ Per _____ Date Available to Work: _____ / _____ / _____ Shift Preference: Willing to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, which shift(s): <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Split <input type="checkbox"/> Rotating Employment Objective: _____ Desired Job Title(s): 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ Desired Employer(s): 1) _____ 2) _____ 3) _____			
Acceptable Job Locations (check one): <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 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: <input type="checkbox"/> lack of work/layoff <input type="checkbox"/> fired <input type="checkbox"/> medical/health <input type="checkbox"/> quit <input type="checkbox"/> retired <input type="checkbox"/> still employed <input type="checkbox"/> strike <input type="checkbox"/> 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: _____ issued date: _____ / _____ / _____ state: _____ country: _____ education-course of study: _____ degree: _____ school: _____ state: _____ country: _____			
Driver's License			
License: <input type="checkbox"/> No <input type="checkbox"/> Yes State: _____ Type: <input type="checkbox"/> CDL-A <input type="checkbox"/> CDL-B <input type="checkbox"/> CDL-C <input type="checkbox"/> Auto <input type="checkbox"/> Moped Transportation <input type="checkbox"/> I own a vehicle <input type="checkbox"/> I have insurance I have access to: <input type="checkbox"/> vehicle <input type="checkbox"/> motorcycle <input type="checkbox"/> bus/ rail <input type="checkbox"/> none <input type="checkbox"/> other		Endorsements: <input type="checkbox"/> passenger transport <input type="checkbox"/> motorcycle <input type="checkbox"/> hazardous materials <input type="checkbox"/> tank vehicle <input type="checkbox"/> school bus <input type="checkbox"/> doubles/triples <input type="checkbox"/> tank hazards <input type="checkbox"/> air brakes	
<i>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</i> Applicant Signature _____ Date _____ Parent/Guardian* _____ Date _____ Staff Signature _____ Date _____ Reviewed/Verified By _____ Date _____ *<18 only			
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 <input type="checkbox"/> SNAP <input type="checkbox"/> GA <input type="checkbox"/> CAVP Assistance start date: _____ Case #: _____	
Barriers to Employment: <input type="checkbox"/> Youth In/Aged out of Foster Care <input type="checkbox"/> Low-Income Individual <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Disability <input type="checkbox"/> Indian/Alaska native/Native Hawaiian <input type="checkbox"/> Homeless Individual <input type="checkbox"/> Long-Term Unemployed <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Within 2yrs of TANF exhaustion <input type="checkbox"/> Eligible MSFW <input type="checkbox"/> Single Parent <input type="checkbox"/> Older Individual		Income Status: <input type="checkbox"/> 100% LLSIL <input type="checkbox"/> 70% LLSIL <input type="checkbox"/> Not Disclosed <input type="checkbox"/> Local Priority (Specify): _____	
<input type="checkbox"/> WIOA Youth ISY <input type="checkbox"/> WIOA Youth OSY <input type="checkbox"/> Low-Income <input type="checkbox"/> High Poverty Area <input type="checkbox"/> 5% Limitation		Additional Info: <input type="checkbox"/> Underemployed <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Interested in Nontraditional Employment	
OSY: <input type="checkbox"/> Foster Youth <input type="checkbox"/> Dropout <input type="checkbox"/> Homeless <input type="checkbox"/> Not Attended Last Q <input type="checkbox"/> Offender <input type="checkbox"/> Low Income AND Basic Skills Deficient <input type="checkbox"/> Pregnant/parenting <input type="checkbox"/> Disability <input type="checkbox"/> Low Income AND youth who Requires Add'l Assistance ISY: <input type="checkbox"/> Low-Income AND: <input type="checkbox"/> BSD <input type="checkbox"/> English Language Learner <input type="checkbox"/> Offender <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Youth <input type="checkbox"/> Pregnant/parenting <input type="checkbox"/> Disability <input type="checkbox"/> Youth who Requires Add'l Assistance		Referral Source: <input type="checkbox"/> DVRS <input type="checkbox"/> LWD <input type="checkbox"/> UI <input type="checkbox"/> Public Assistance Agency <input type="checkbox"/> CBO/FBO <input type="checkbox"/> Self <input type="checkbox"/> Other Local Area <input type="checkbox"/> CSBG <input type="checkbox"/> Employer <input type="checkbox"/> HUD <input type="checkbox"/> Adult Education <input type="checkbox"/> Library <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Public Education <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Re-entry/Second Chance <input type="checkbox"/> Displaced Homemaker Program <input type="checkbox"/> Family Success Center <input type="checkbox"/> MSFW Grantee	