

NJ INITIAL ASSESSMENT INTAKE FORM

Today's Date:

/ /

SSN#:

_____ - _____ - _____

Date of Birth: MM/DD/YYYY

/ /

Gender:

Male Female

Name:

Street:

City:

State:

Zip Code

County:

Phone Number:

()

Email:

Preferred Contact Method:

Please X all that apply:

Ethnic heritage: Hispanic or Latino? Yes No
 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 Parent, One-parent Household
 Divorced Parent, Two-parent Household
 Unmarried Not a Family Member
 # Family Members Other

School Status In-school Not In School

Choose One and # Yrs of School

Less than HS # Yrs of School _____
 HS Diploma/Equivalent/GED
 Some College/Vocational

Income Sources: (Choose all that apply)

Currently employed? Yes No
 If Yes: Full-time Part-Time Seasonal/Temporary
 Seasonal Farm Worker Self Employed
 Unemployed, Not receiving Unemployment Insurance
 Employed, Received Termination Notice
 Collecting Unemployment Insurance
 You or a family member receiving Public Assistance
 If Yes: GA Cash TANF SNAP
 Homemaker, spouse providing support
 Homemaker, spouse not providing support
 You or a family member receiving Assistance from any other agency or program? Yes No
 If Yes, what agency or program? _____

Vocational and College Degrees (select highest attained)

Vocational 1 year 2 year 3 year
 Associate's 1 year 2 year 3 year
 BA/BS Master's PhD Other

Are you enrolled in any of these programs:

Adult Education/English as a Second Language
 Division of Vocational Rehabilitation
 GED (High School Equivalency)

Assistance Needs-Please indicate all that apply: Disability

Job Search Skills Resume/Interviewing Assistance
 Transportation Assistance Child Care Other(s):

Primary Language:

English
 Other (specify) _____

<p>Assessments-Have you received any of the following?</p> <input type="checkbox"/> Academic Assessment (TABE, Best, etc) <input type="checkbox"/> Career Interest Inventory (NJCAN, etc.) <input type="checkbox"/> Skills Inventory (ProveIt!, CareerScope, Etc..) <input type="checkbox"/> Other(s) _____	<p>Do you have any conditions that you affect your ability to work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been convicted of criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><input type="checkbox"/> Citizen <input type="checkbox"/> Resident <input type="checkbox"/> Other Alien Reg. #(if applicable) _____ If Other, please specify _____</p>	<p>Military Service: Branch: _____</p> <p>• Campaign Veteran <input type="checkbox"/> Other Eligible <input type="checkbox"/> Nat. Guard/Reserve <input type="checkbox"/> Active Duty <input type="checkbox"/> Transitioning Veterans - <input type="checkbox"/> Discharge <input type="checkbox"/> Retirement</p> <p>Active Service From: ____/____/____ to ____/____/____</p> <p>Service Disability: • Disabled • Not Disabled • Special</p> <p>Are you receiving any Veteran's benefits or Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, What Benefits or Assistance are you receiving? _____</p>
<p>Registered with Selective Service (Males born on or after January 1,1960 only) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Military Spouse Are you: <input type="checkbox"/> Active Duty Service Member Spouse <input type="checkbox"/> Service Member Widow <input type="checkbox"/> Disabled Veteran Spouse</p>
<p>Housing <input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Foster Child <input type="checkbox"/> Aging out of Foster Care <input type="checkbox"/> Other</p>	

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: ____/____/20____

Shift Preference: Willing to work any shift? Yes No If No, which shift(s): 1st 2nd 3rd 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 • Plant/Dept. Closure • 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 • Plant/Dept. Closure • Other (Specify) _____

Job Duties: _____

Driver's License: Yes No Type: CDL-A CDL-B CDL-C Auto Moped State: _____

Any Endorsements: Passenger Transportation Hazardous Materials Tank Vehicle Motorcycle

School Bus Doubles/Triples Tank Hazards Air Brakes

Certificate/Special Licenses

Certificate/License: _____ Issued by: _____

Issued Date: ____/____/____ State: _____ Country: _____

Education

Course of Study: _____ Degree: _____

School: _____ State: _____ Country: _____

Customer Acknowledgement Form

I have been provided copies of the following handouts explaining my rights as a Camden County One-Stop Career Center (CCOSCC) participant, including the right to file a complaint:

Your Right to File a Complaint
Types of Complaints and Filing Requirements
Equal Opportunity is the Law

CCOSCC staff explained these rights to me, gave me the opportunity to ask questions, and included the name, address, and telephone number for the CCOSCC Complaint Specialist and the State Equal Employment Opportunity representative.

Protection of Personal Identifiable Information

I understand that *Personal Identifiable Information* (PII) data and documents collected during the grant process will be physically safe from access by unauthorized individuals at all times and will be processed using issued equipment, managed information technology, and services at designated locations approved by the Employment and Training Administration.

Interagency Consent to Release Confidential Information

This is to certify that I give permission to release all requested interagency documentation to the Camden County One-Stop Career Center for the purpose of determining my eligibility for benefits and services, occupational training, work and employment activities, as well as to authorize payment for and monitoring of services.

I understand that my records are protected under federal regulations governing confidentiality and that they cannot be disclosed without my written consent, except in the very limited exclusion circumstances which pertain to 42 CFR Part 2. The information protected by 42 CFR Part 2 is any information disclosed by a covered program that identifies an individual directly or indirectly as having a current or past drug or alcohol problem, or as a participant in a covered program." I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. If my consent is revoked, I understand that my eligibility for benefits and services may be affected. In any event, this consent automatically expires two (2) years from the date recorded below.

Certification

I certify that the information provided on prior pages is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification and I may be required to document its accuracy.

Customer Signature

Date

Customer Name (Please Print)



