**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION A: GENERAL INFORMATION**

|  |  |
| --- | --- |
|  **Name: \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First MI | **Social Security Number: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street/Apt. # City Zip Code |
| **Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  **Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Type:** [ ]  Home [ ]  Cell Phone [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | **Type:** [ ]  Home [ ]  Cell Phone [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Birthday:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | **Gender:** [ ]  Female [ ]  Male | **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Citizenship:** [ ]  U.S. Citizen [ ]  U.S. Resident USCIS #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Refugee USCIS #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you have a disability?**  [ ] Yes [ ] No [ ] I do not wish to answer |
| **Have you registered with Selective Services?** [ ] Yes [ ] No [ ]  Not applicable |
| **Race:**[ ] African American/Black [ ] American Indian/Alaskan Native [ ] Asian Hawaiian/Other Pacific Islander [ ]  White |
| **Are you of Hispanic or Latino heritage?**  [ ]  Yes [ ]  No |
| **Are you currently in the military, a Veteran, the spouse of a Veteran, or a caregiver of a wounded Veteran?** [ ] Yes [ ] No |

**SECTION B: EDUCATION /EMPLOYMENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Are you attending School:** [ ]  Yes [ ]  No | **Do you have a:** [ ] H.S. Diploma [ ] GED | **Highest education level achieved: \_\_\_\_\_\_\_** |
| **Current Employment Status:** [ ] Full-time [ ] Part-time [ ] Not Working [ ] Never Worked  |
| **Are you currently looking for work?**  [ ]  Yes [ ]  No | **Unemployment Status?** [ ] Claimant [ ] Exhausted [ ]  Neither |
| **Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service?** [ ]  Yes [ ] No |
| **Have you worked as a farmworker in the last 12 months?** [ ]  Yes [ ]  No | **Type of Business:** ☐Private Business ☐Non- Profit ☐Government |
| **Employer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Position/ Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Current Address: \_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street/Suite # City Zip Code |
| **Employer Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **What is your desired job title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**SECTION C: LANGUAGE**

|  |
| --- |
| **Do you primarily speak a language other than English?:** [ ]  Yes [ ]  No |
| **If Yes:****Write in the language from the provided list:**  |
| **How well do you speak that language?**  [ ]  Very Well [ ]  Well [ ]  Not Well [ ]  Not at All |
| **Do you require English Language Assistance** [ ]  Yes [ ] No |
| **How well do you speak English?** [ ]  Fluently [ ]  I speak and understand English well enough to communicate [ ]  I require an interpreter  |