**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**

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| --- |
| **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 |