

Contact information			
Last name (Family name / surname)		First name (Given name)	
Primary phone		Email	
What is the reason for your visit (Check all that apply): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Basic needs assistance</div> <div style="width: 50%;"><input type="checkbox"/> Communication skills</div> <div style="width: 50%;"><input type="checkbox"/> Interview skills</div> <div style="width: 50%;"><input type="checkbox"/> Job search techniques</div> <div style="width: 50%;"><input type="checkbox"/> Support of case manager</div> <div style="width: 50%;"><input type="checkbox"/> Behavioral health</div> <div style="width: 50%;"><input type="checkbox"/> Expungement</div> <div style="width: 50%;"><input type="checkbox"/> Job leads</div> <div style="width: 50%;"><input type="checkbox"/> Layoff transition support</div> <div style="width: 50%;"><input type="checkbox"/> Veterans' resources</div> <div style="width: 50%;"><input type="checkbox"/> Computer skills</div> <div style="width: 50%;"><input type="checkbox"/> Health/aging/wellness</div> <div style="width: 50%;"><input type="checkbox"/> Job market information</div> <div style="width: 50%;"><input type="checkbox"/> Salary negotiation skills</div> <div style="width: 50%;"><input type="checkbox"/> Vocational skills/training</div> </div> <input type="checkbox"/> Other (Please explain): <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>			
How did you hear about the career center? <input type="checkbox"/> Online <input type="checkbox"/> Friend/Family Member <input type="checkbox"/> Sign/Flyer <input type="checkbox"/> Employer <input type="checkbox"/> Community College <input type="checkbox"/> Technical School <input type="checkbox"/> Vocational School <input type="checkbox"/> Rapid Response <input type="checkbox"/> Other (Please specify): <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>			
Demographic information			
Gender identity	Selective Service registration <input type="checkbox"/> Yes, registered <input type="checkbox"/> Documented exemption <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable <input type="checkbox"/> No, not registered	Authorization to work in U.S. <input type="checkbox"/> Citizen of U.S. or U.S. territory <input type="checkbox"/> U.S. resident <input type="checkbox"/> Alien/refugee lawfully admitted to U.S. <input type="checkbox"/> No authorization	
Highest education level completed			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> No formal education</div> <div style="width: 33%;"><input type="checkbox"/> High school equivalency diploma</div> <div style="width: 33%;"><input type="checkbox"/> Associates degree</div> <div style="width: 33%;"><input type="checkbox"/> Grades 1st – 6th completed</div> <div style="width: 33%;"><input type="checkbox"/> College course work — no degree</div> <div style="width: 33%;"><input type="checkbox"/> Bachelor's degree</div> <div style="width: 33%;"><input type="checkbox"/> Grades 7th – 9th completed</div> <div style="width: 33%;"><input type="checkbox"/> Technical course work — no degree</div> <div style="width: 33%;"><input type="checkbox"/> Master's degree</div> <div style="width: 33%;"><input type="checkbox"/> Some high school completed</div> <div style="width: 33%;"><input type="checkbox"/> Vocational course work — no degree</div> <div style="width: 33%;"><input type="checkbox"/> Doctorate degree</div> <div style="width: 33%;"><input type="checkbox"/> High school diploma</div> <div style="width: 33%;"><input type="checkbox"/> Certification</div> <div style="width: 33%;"><input type="checkbox"/> Specialized degree</div> </div>			Currently attending school? (If no, no response needed) <input type="checkbox"/> Yes, attending an alternative high school <input type="checkbox"/> Yes, attending college <input type="checkbox"/> Yes, attending adult education <input type="checkbox"/> Yes, attending technical school <input type="checkbox"/> Yes, attending vocational school
Employment information			
Current employment status <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Employed with notice of termination <input type="checkbox"/> Employed with notice of military separation		Are you receiving unemployment insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Benefits exhausted	
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? <input type="checkbox"/> Yes, I have recently received notice of termination <input type="checkbox"/> Yes, I have recently received notice of military separation <input type="checkbox"/> No, I have not recently received a notice of termination or military separation		Have you performed work as a farm worker or food processor, including packing houses, nurseries, or orchards, for at least 25 days within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your desired job?			

Military service: veterans and their spouses may be entitled to state and federal benefits.			
Are you a <u>member</u> or <u>caregiver</u> who is a spouse or family member to a member of the armed forces who is wounded, ill, or injured and receiving treatment in a military facility or warrior transition unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently in the military, a veteran, or the spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are you the spouse/dependent of someone in the active-duty military service, National Guard, or Reserves who is currently activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Public assistance: please provide answers to the following questions if any apply <i>within the last 6 months</i>			
Has your household received Temporary Assistance for Needy Family (TANF) payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been determined eligible for or received Supplemental Nutritional Assistance Programs assistance (SNAP — formally known as food stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Have you received General Assistance (GA) payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Have you received Refugee Cash Assistance (RCA) payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total number of individuals living in your household	Total income you earned within last 6 months	If <u>employed</u> , name of employer, hourly wage, and hours worked	If <u>not employed</u> , last employer name, hourly wage and date last worked
		Employer:	Last employer:
		Hourly wage \$:	Hourly wage \$:
		Hours worked:	Date last worked:
Signature of applicant		Date	
AJCC Use Only			
VoScan card #	CalJOBS user ID#	Right to work documents	
AJCC staff signature			