{BASIC INFO}

[Fill in the Blank]

First, middle, last name. middle optional

[Drop down]

How did you hear about us?

[Fill in the blank]

Address (street, city, state, postal code

[Fill in the blank]

Social

[Fill in the blank]

Birthday

[Fill in the blank]

Email

[Fill in the blank]

Phone? (replace three questions with 1)

[Fill in the blank]

Please enter any social media (Facebook, Linkedin, etc.) Separate URL’s with a comma

[FOUR SQUARES]

END SECTION 1

{DEMOGRAPHICS}

[Drop down]

Gender

[Drop down]

Do you consider yourself Hispanic or Latino?

[Drop down]

Select the race that best describes you:

[Drop down]

What is your preferred language of communication? We will try to match you with a mentor fluent in that language if possible.

[Check box]

Do you have any physical disabilities that we should be aware of?

[Drop down]

Are you authorized to work in the United States.

[Drop down]

Are you a United States citizen? (yes, no, resident)

[Drop down]

Do you have a valid form of identification?

(if yes) [Drop down] What type of ID? (add other option)

(If license) [Drop down] What category of license?

[Drop down] What is your primary method of transportation?

{IF THEY SELECT YOUTH}

[Drop down] Are you currently in foster care?

[Drop down] Are either of your parents in jail?

[Drop down] Have you ever been to the Juvenile justice system?

[Drop down] Do you live with a single parents?

[Drop down] Do you receive free or reduced lunch?

[Drop down] Are you a high school dropout?

[Drop down] Are you parenting?

(if expecting) enter date

[Drop down] Do you have extensive work history?

{HOUSEHOLD AND FAMILY INFO}

[Drop down] What is your housing status?

(if renter, subsidized) [Drop down] Are you at risk of being homeless?

(if living with a friend) [Drop down] same as above

[Drop down] What is your marital status?

[Drop down] What is your household income?

[Fill in the blank] How many children under 17 live in your household?

[Fill in the blank] How many young adults (18-24) live in your household?

[Fill In the blank] How many elders live in your household?

[Check boxes] Check all that apply: (savings, checking, none of the above)

[Check boxes] Check all that apply: (payday, car, personal, student, none of the above)

[Check] Are you currently receiving any of the following forms of public assistance?

[Drop down] Are you currently registered with a selective service?

[Fill in the blank] Name, relationship, phone number, address

{Education History}

[Drop down] What is the highest level of education you have received?

[Drop down] Are you currently in school?

(If Yes)[Fill in blank] Where are you currently studying?

[Drop down] Rate your computer skills?

[Drop down] What is your English Literacy level(ability to read/understand)?

[Fill in the blank] List any certificates you have earned or relevant training experience:

{IF VETERAN}

[Drop down] What is your military status?

(depending on answer) enter date of event

[Drop down] Which branch were you in?

{IF ENTERED RE-ENTRY}

[Drop down] What is the highest felony you have received?

(If anything besides sex offender, check the crime)

(if sex offender) Show notice

[Fill in the blank] Please explain your conviction

[Drop down] Are you currently on probation or parole?

(is yes) fill in the blank when

[Drop down] have you ever been incarcerated?

(if yes) [Fill in the blank] How many years and months

[Drop down] are you currently residing in a halfway house?

(if yes) type address

[Drop down] Are you wearing an ankle monitor?

(if yes) enter date of removal

{EMPLOYMENT HISTORY}

[Drop down] What is your current employment status?

[Fill in the blank] (x3) list previous jobs

Fill in the blank for: Job title, employer name, job type

Drop down for full/part time, job commitment (temporary/seasonal, permanent, internship)

Fill in the blank: job start and end date (estimates), hourly wage, avg hours per week, supervisor name, supervisor job title, job address, reason for leaving

{YOUR NEEDS}

[Drop down x3] Pick three to drop down, three separate rows ranked by priority

[Check box] select your availability

[drop down] how much time are you willing to invest in the program?

[fill in the blank] what is your expected wage?

[drop down] could you pass a drug test within 24 hours?

[drop down] are you willing to share your SER story after receiving SER services?

[fill in the blank] what else do you think we should know?