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| **Workforce Investment Act - Adult and Dislocated Workers Program****INITIAL ASSESSMENT** |

**Demographics**

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| Name:  | SS#: xxx-xx- |
| Current Address:  |
| City:  | State:  | Zip Code: |
| Date of Birth:  | Age:  | Gender: Female: [ ]  Male: [ ]  |
| Eligible to Work? Yes: [ ]  No: [ ]  | Education: High School Diploma |
| Selective Service Registration? Yes: [ ]  No: [ ]  | Veteran? Yes: [ ]  No: [ ]  |
| E-mail: jimmy@gmail.com |  |

**Employment History**

|  |  |
| --- | --- |
| Currently Employed? Yes: [ ]  No: [ ]  |  |
| Current or Last Employer Name: N/A |
| Start Date: N/A | Pay Rate: N/A | End Date: N/A | Pay Rate: N/A |
| Employed, but received Notice of Termination? Yes: [ ]  No: [ ]  N/A: [ ]  |
| Unemployment Compensation: Claimant - [ ]  Exhaustee - [ ]  None - [ ]  |
| Skills Set: Hard worker, punctual, independent.  |

**Barriers to Employment**

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| [ ]  Limited English[ ]  Reading and Writing[ ]  Displaced Homemaker | [ ]  Homeless[ ]  Single Parent [ ]  Ex-Offender  |
| [ ]  Other [please list]:  |
| Lack of Work History? Yes: [ ]  No: [ ]  |
| If Yes, Why?  |
| Have you ever been convicted of a felony? Yes: [ ]  No: [ ]  |
| Nature of felony:  | Year? |
| Employment Goal:  |

**Applicant/Participant Attestation and Release**

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| I certify that statements made by me on this intake form are voluntary, true; complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from this program or activity. I also understand that any and all of this information provided by me may be verified and I allow the release of this information by the authorized entity for verification purposes. |

**Applicant/Participant Signature**

|  |  |
| --- | --- |
| (Print Name and Last Name)  (Signature) | **Date:** |

**Equal Opportunity**

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| The age, eligibility to work status and gender information is requested for the purpose of determining our compliance with Federal civil rights laws. By providing this information, you will assist us in assuring that programs are administered in a non-discriminatory manner. Workforce Connections employment and training programs are equal opportunity programs and auxiliary aids and services are available upon request.  |

**Support Documentation**

|  |  |
| --- | --- |
| Social Security Number | List: |
| Proof of Age | List: |
| Selective Service Status | List: |
| Eligibility to Work | List: |
| Dislocated Worker | List: |
| Displace Homemaker | List: |
| Veteran | List: |
| Other (please specify) |  |
| Other (please specify) |  |

**WIA – Adult and Dislocated Workers Program Representative: Recommendations**

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| **Outcomes****[ ]** Applicant not eligiblefor WIA ADW program.[ ]  Applicant potentially eligible but not recommended for further services.[ ]  Participant recommended for enrollment and core services.[ ]  Participant recommended for Intensive Services and/or Training Services. | **Justification** |

**WIA – Adult and Dislocated Workers Program Representative**

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| --- | --- |
| (Print Name and Last Name)  (Signature) | **Date:** |