

WHAT TO BRING

To the INTRODUCTION to CENTER SERVICES

Thank you for your interest in accessing Center Services to assist you in meeting your employment and career goals. The following is what to bring with you to attend the Introduction to Center Services.

ITEMS 1, 2, and 3 REQUIRED for Admittance

1 Completed Membership Application
(front and back)

2 Print out of your CalJOBS Resume
(www.caljobs.ca.gov)

and

3 **LEGAL STATUS OR AUTHORIZATION TO WORK**
(Identified Below)

State and Federal law requires Career Center staff to verify a person's legal status or authorization to work before delivering employment or training services. **Without document verification you will not be able to attend.**

Must Be Original Documents that are Unexpired – Copies not Acceptable

A document from **LIST A** is sufficient by itself to establish identity and authorization to work.
If a document from **LIST B** is used, it **MUST** be accompanied by a document from **LIST C**.

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity And Employment Authorization (Unexpired)		Documents that Establish Identity (Unexpired)		Documents that Establish Employment Authorization (Unexpired)

<ol style="list-style-type: none"> U.S. Passport or U. S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions of limitations identified on the form Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph Voter's registration card (not applicable in California) U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 	<ol style="list-style-type: none"> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States Certification of Birth Abroad issued by the Department of State (Form FS-545) Certification of Report of Birth issued by the Department of State (Form DS-1350) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Dept. of Homeland Security (other than those listed under List A) <p style="text-align: right; font-size: small;">From US Dept of Homeland Security US Citizenship & Immigration Services Handbook for Employers M-274 (07/31/09) N Form I-9 (Rev. 02/02/09) N Page 5</p>
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Introductions to Center Services

(Days and Times Subject to Change • 619-590-3950)

Mondays and Thursdays at 8:00 a.m. – Approximately 2 Hours
First Come, First Served. Check in at 8:00 a.m. • Seating Limited to 14 • Late Arrivals Not Admitted

Membership Application East County Career Center

Required to be Completely Filled
Out Before Admittance to the
Introduction to Center Services.

The application asks only a few questions that will *help us, help you* with your employment needs. The information will also provide data to track the growth of San Diego County's workforce.

Completing the following Membership Application will provide you the opportunity to access career opportunities, job search activities, skills enhancement, and assist in continued funding of these services.

MEMBERSHIP DATE (Today's Date): _____

1. LAST NAME: _____ FIRST NAME: _____ M.I. _____

2. SOCIAL SECURITY #: _____

3. DATE OF BIRTH: _____ AGE: _____

4. ADDRESS: _____

5. CITY, STATE, ZIP: _____

6. HOME PHONE: _____ MESSAGE PHONE : _____

7. E-MAIL : _____

8. CITIZENSHIP: (Please circle only one)

- 1. U.S. Citizen
- 2. Eligible Non-citizen (Alien Doc. Number) _____
- 3. Not a Citizen

9. GENDER: (Please circle only one)

- 1. Female
- 2. Male

10. SELECTIVE SERVICE REGISTRATION: (Males Only 18 and older)

- 1. Yes, Registered
- 2. No, Not Registered
- 3. Exempt
- 4. Not Required

12. ETHNICITY: (Circle up to five)

AA ASIAN INDIAN	AB CAMBODIAN	AC CHINESE
AD FILIPINO	AE GUAMANIAN	AF HAWAIIAN
AG JAPANESE	AH KOREAN	AI LAOTIAN
AJ SAMOAN	AK VIETNAMESE	AO OTHER ASIAN
AL OTHER PACIFIC ISLANDER	BL BLACK – AFRICAN AMERICAN	HI HISPANIC OR LATINO
NA AMERICAN INDIAN/ALASKAN NATIVE		WH WHITE

13. HIGHEST GRADE COMPLETED: _____

14. EDUCATION STATUS: (Please Check One)

<input type="checkbox"/> STUDENT, HS OR LESS	<input type="checkbox"/> HS DROPOUT	<input type="checkbox"/> HS DIPLOMA
<input type="checkbox"/> GED or EQUIVALENT	<input type="checkbox"/> ASSOCIATES DEGREE	<input type="checkbox"/> BACHELORS DEGREE
<input type="checkbox"/> MASTERS/DOCTORATE DEGREE		

15. DO YOU HAVE DIFFICULTY SPEAKING THE ENGLISH LANGUAGE? (Please circle only one) 1. YES 2. NO

16. ARE YOU DISABLED? (Please circle only one) 1. YES 2. NO

17. ARE YOU A VETERAN? (Please circle only one) 1. YES 2. NO

18. ARE YOU A MIGRANT OR SEASONAL WORKER? 1. YES 2. NO

19. HAVE YOU EVER RECEIVED SERVICES FROM ANY OTHER ONE-STOP CAREER CENTER IN SAN DIEGO COUNTY? 1. YES 2. NO

20. ARE YOU REGISTERED IN CALJOBS AND POSTED A RESUME? 1. YES 2. NO

21. ARE YOU CURRENTLY WORKING? (Please circle only one) 1. YES 2. NO

22. IF YES, HOW MANY HOURS PER WEEK ARE YOU WORKING? _____ HOURLY WAGE? _____

23. ARE YOU UNEMPLOYED? 1. YES 2. NO YOUR LAST DAY WORKED WAS? ____/____/____

FOR OFFICE USE ONLY:

Right to Work Doc's _____	Membership # _____	Staff Signature _____
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24. PLEASE LIST YOUR LAST **TWO** POSITIONS STARTING WITH THE MOST CURRENT:

Date (from-to)	Employer's Name & Complete Address	Job Title	Hrs/Wk	Pay \$	Reason for Leaving
Job Duties/Responsibilities:					
Job Duties/Responsibilities:					

25. HAVE YOU APPLIED FOR UNEMPLOYMENT INSURANCE? 1. YES 2. NO IF YES, ARE YOU RECEIVING UI 1. YES 2. NO

26. WHAT ARE YOUR CURRENT SOURCES OF INCOME? (I.E. WAGES, SSI, SDI, TANF, UI) _____

27. SO THAT WE CAN BETTER ASSIST YOU, PLEASE CHECK ALL ITEMS WHICH DESCRIBE YOUR CURRENT SITUATION:

- I have not maintained **full time** employment (32+ hrs/wk) for more than 15 of the last 26 weeks.
- I have limited English skills (Speaking, Reading or Writing).
- My current living situation is not stable or permanent.
- I have a disability (Physical, Mental or Learning Disability).
- I have been arrested and/or convicted of a crime.

28. DO YOU HAVE A CURRENT RESUME (UPDATED IN THE LAST 6 MONTHS)? 1. YES 2. NO

29. PLEASE LIST AT LEAST 3 EMPLOYERS YOU HAVE APPLIED WITH AND FOR WHAT POSITIONS.

COMPANY	JOB TITLE	Were you interviewed?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

30. PRIMARY REASON FOR BEING HERE TODAY? (Please circle **only one**)

1. TO FIND A JOB
2. TRAINING OR EDUCATION
3. REFERRAL FOR SERVICES FROM ANOTHER AGENCY
4. OTHER _____

Office Use Only
<input type="checkbox"/> ARRA-IHE
<input type="checkbox"/> Manpower
<input type="checkbox"/> ITA

31. OF THE FOLLOWING SERVICES WHICH DO YOU FEEL WILL BEST ASSIST YOU IN YOUR JOB SEARCH? (CHECK ALL THAT APPLY)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Resume Assistance | <input type="checkbox"/> Electronic Resume Posting | <input type="checkbox"/> Job Leads | <input type="checkbox"/> Salary Negotiations Skills |
| <input type="checkbox"/> Job Search Techniques | <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Career Change/ Research |
| <input type="checkbox"/> Job Interviewing Skills | <input type="checkbox"/> Vocational/Job Skills Training | <input type="checkbox"/> ESL Classes | |
| <input type="checkbox"/> Other _____ | | | |

32. WHICH OF THE FOLLOWING BARRIERS ARE PREVENTING YOU FROM SEEKING, ATTAINING, AND ACHIEVING YOUR CAREER GOALS? (CHECK ALL THAT APPLY)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Housing/Homelessness | <input type="checkbox"/> Criminal Records | <input type="checkbox"/> Transportation | <input type="checkbox"/> Interview Clothing |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Health Issues | <input type="checkbox"/> Math/Reading Skills |
| <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Disability | <input type="checkbox"/> Poor Work History | |
| <input type="checkbox"/> Financial Difficulties | <input type="checkbox"/> Other (Please Explain) _____ | | |

33. ARE THERE ANY OTHER QUESTIONS, ISSUES, OR CONCERNS THAT YOU WOULD LIKE TO DISCUSS AT THIS TIME?

1. YES 2. NO IF YES, PLEASE EXPLAIN _____

Customer Signature _____ Date _____

STOP--OFFICE USE ONLY.

INTENSIVE SERVICES/TRAINING SERVICES

- Intake & Eligibility
- Comprehensive Assessment for Training (ITA, ARRA, IHE, OJT, CT)
- Meets Priority of Service Barriers:

OTHER REFERRALS

- | | |
|--|--|
| <input type="checkbox"/> Tier 1 services | <input type="checkbox"/> SER, Jobs for Progress |
| <input type="checkbox"/> VVSD (Veterans Village of SD) | <input type="checkbox"/> Able Disabled Advocacy |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> EDD Veteran's Rep |
| <input type="checkbox"/> Community Resources | <input type="checkbox"/> Dept. of Rehabilitation |