



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
<b>Job Duties/Responsibilities:</b>					
<b>Job Duties/Responsibilities:</b>					

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)

- Resume Assistance
- Job Search Techniques
- Job Interviewing Skills
- Other \_\_\_\_\_
- Electronic Resume Posting
- Communication Skills
- Vocational/Job Skills Training
- Job Leads
- Computer Skills
- ESL Classes
- Salary Negotiations Skills
- Career Change/Research

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

- Housing/Homelessness
- Domestic Violence
- Legal Issues
- Financial Difficulties
- Criminal Records
- Substance Abuse
- Disability
- Other (Please Explain) \_\_\_\_\_
- Transportation
- Health Issues
- Poor Work History
- Interview Clothing
- Math/Reading Skills

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 \_\_\_\_\_

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**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**

- Tier 1 services
- VVSD (Veterans Village of SD)
- Adult Education
- Community Resources
- SER, Jobs for Progress
- Able Disabled Advocacy
- EDD Veteran's Rep
- Dept. of Rehabilitation