



Job Center General Information Form



To find out about all of the services that might be available to you, we ask that you fill out this basic information sheet. More information may be needed later to see if you qualify for some services. If you have trouble filling out this sheet, staff are available to help.

Social Security Number _____ - _____ - _____

Today's Date _____ - _____ - _____
Mo Day Yr

Name _____
Last First Middle Initial

Street Address _____ City _____

State _____ Zip Code _____ County of Residence _____

Phone Number (____) _____ - _____ Message/Cell Phone Number (____) _____ - _____

E-mail _____ Birthdate _____ - _____ - _____ Sex: Male Female
Mo Day Yr

Job Interest: _____ Fulltime Parttime

1. Are you a U.S. citizen or do you have an entry permit to work? Yes _____ No _____

2. **Race/Ethnic Background** The following information is not related to any services you will receive but is useful information to us when applying for additional funds or reporting to the community about the citizens that are served at the Job Center. We thank you for providing it on a voluntary basis.

Check all that apply

American Indian or Alaskan Native	Hawaiian Native or Pacific Islander	Other
Asian	Hispanic or Latino	
Black or African American	White	

3. **Which of these describes your veteran status? Check all that apply.**

A veteran who served on active duty for over 180 days (other than for training) or during wartime or was released due to a service-connected disability.
The spouse of a veteran who died from a Service-Connected Disability; or is listed as missing, captured or detained in the line of duty for over 89 days; or has a permanent 100% Service-Connected Disability.
Service dates: Entry _____ Release _____ Mo Day Yr Mo Day Yr

4. **What degrees or certificates do you have?**

High School Diploma, HSED or GED	Higher Degree Type
Highest Grade Completed: _____	Current Driver's License
Technical College Cert./Degree (Describe):	Commercial Driver's License (CDL)
Some College - # of Semesters: _____	Do you have a vehicle? YES _____ NO _____
College Degree BS/BA (Describe):	Are you currently a student? YES _____ NO _____ If yes, name school: _____
	Describe other certificates or licenses:

RELEASE OF INFORMATION STATEMENT - The information provided on this form will be shared with the appropriate Job Center partner agencies so that we may help you get the services you need. The information may also be used in a general way on such things as compiling overall information on the use of the Job Center. This statement is provided to you as required by Wisconsin's Privacy Law, s. 15.04(1)(m)

5. What kind of help would you like from the Job Center?

3	Check all that apply.	3information	Check all that apply.	3receiving
	Job listings from JobNet or Internet		Unemployment Insurance	
	Help with looking for a job (interviewing, filling out applications)		Child care	
	Help with a resume		Transportation assistance	
	Exploring different careers		Housing assistance	
	Help getting a GED or HSED		Medical assistance	
	Information about education options (refresher courses or longer term school)		Food stamps	
	Information on high pay/nontraditional jobs		Fuel/energy assistance	
			Wisconsin Works (W-2)	
			Other:	

6. Do any of these descriptions apply to you? Check all that apply.

	Trouble speaking or reading English
	Employed but looking for a better job or career change
	Unemployed
	Laid off or unemployed due to a plant closing, permanent layoff, or farm closure
	Currently have a limitation or impairment that affects getting or keeping a job
	Currently receiving Supplemental Security/Disability Insurance (SSI/SSDI)
	Have been a seasonal farm laborer or food processing worker within the past 2 years
	Currently a single parent with a child under age 18; Do you have primary custody? <input type="checkbox"/> yes <input type="checkbox"/> no
	Convicted of a felony or released from prison in the last 5 years
	Currently working with one or more of the Job Center or Community agencies. (Please identify agency and staff contacts):

7. Current/Last Employer _____

Address _____ Phone _____

Job Title _____ Reason for leaving _____

Dates of Employment ___/___/___ to ___/___/___ Hrs./Wk _____ Pay \$ _____ Hour Month Year
Mo Day Yr Mo Day Yr Average

Describe your job duties _____

Previous Employer _____

Address _____ Phone _____

Job Title _____ Reason for leaving _____

Dates of Employment ___/___/___ to ___/___/___ Hrs./Wk _____ Pay \$ _____ Hour Month Year
Mo Day Yr Mo Day Yr Average

Describe your job duties _____

FOR STAFF USE ONLY	
Seen by _____	
Referred to	<input type="checkbox"/> W-2 <input type="checkbox"/> WIA <input type="checkbox"/> DVR <input type="checkbox"/> DNP <input type="checkbox"/> TC <input type="checkbox"/> WISE <input type="checkbox"/> Vets <input type="checkbox"/> Other _____
Staff Comments: _____	