

Assigned CM \_\_\_\_\_ Office Use Only



Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Last 4 digits of Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

Are you currently employed?  Yes  No  PT  FT How Many Hours Per Week? \_\_\_\_\_

Laid off / Terminated:  Yes  No Last date of work: \_\_\_\_\_

Last Employer: \_\_\_\_\_ City of last Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Veteran:  Yes  No

For males born on or after 1/1/1960, are you registered with Selective Service?  Yes  No

Do you have the right to work in the United States?  Yes  No

How long have you been actively job searching? \_\_\_\_\_ How many jobs have you applied for in the past 30 days? \_\_\_\_\_

Have you had a job interview in the past 30 days?  Yes  No Do you job search online?  Yes  No

Are you registered for work in the EDD CalJOBS website?  Yes  No

Seeking Job Search Assistance?  Yes  No What field? \_\_\_\_\_

Seeking Training:  Yes  No What type? \_\_\_\_\_

Have you had previous Post-secondary or Vocational Training?  Yes  No If Yes, list all: \_\_\_\_\_

Do you hold any current License(s) or Certificate(s):  Yes  No If Yes, list all: \_\_\_\_\_

Have you attained any Degree(s)?  Yes  No If Yes, list all: \_\_\_\_\_

Have you received education outside of the U.S.?  Yes  No If Yes, please list: \_\_\_\_\_

Are you currently in school?  Yes  No If Yes, list school name: \_\_\_\_\_

Please answer the following questions in order for us to assess your need for services

**A) Transportation**

Please check your current primary and secondary methods of transportation:

- Car/Truck/Motorcycle
- Family/Friends provide transportation
- Public transportation
- Bike/Walk
- Other

**B) Legal**

Have you ever been convicted of a misdemeanor or felony?  Yes  No

Are you on probation or parole?  Yes  No

If Yes, Projected end date: \_\_\_\_\_

Do you have any pending court cases?

Yes  No

Do you have overdue child support?  Yes  No

Do you have unpaid fines?  Yes  No

**C) Housing**

Do you have permanent/stable housing?  Yes  No

Are you temporarily staying with friends or family?

Yes  No

Are you planning to move soon?

Yes  No

Are you living in a Shelter or Temporary Housing?

Yes  No

If Yes, list Name & City:

\_\_\_\_\_

**D) Health / Medical**

Are you able to pass a drug screen?  Yes  No

Do you have any physical/mental limitations

or restrictions that affect your ability to work?  Yes  No

Are you taking any medications that affect your ability to work?  Yes  No

Are you currently under the care of a doctor?  Yes  No

**E) Financial**

What is your primary source of income? (Check all that apply)

- Current employment
- Spouses wages
- Child Support
- Spousal Support
- Unemployment Insurance Benefits (UIB)
- TANF/GA
- Food Stamps
- SDI
- SSI/SSA
- Other

If receiving UIB, when did your benefits start? \_\_\_\_\_

**F) Childcare (if applicable)**

Please check your current primary and secondary plan for childcare:

- Friends/Family provide care
- Daycare Provider
- Before/After School Care Program
- Other

**THE FOLLOWING QUESTIONS ARE USED IN OUR AUTOMATED SYSTEM TO MATCH YOU TO CURRENT JOB OPENINGS THAT EMPLOYERS HAVE PLACED WITH OUR DEPARTMENT.**

**I am willing to work (check all that apply)**

- Full Time       Part Time  
 Weekends       Holidays

**Shifts (check all that apply)**

- Days       Swing  
 Graveyard       Rotating

**I am willing to work in the following areas (check all that apply)**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> All Areas     | <input type="checkbox"/> Keyes         | <input type="checkbox"/> Riverbank   |
| <input type="checkbox"/> Ceres         | <input type="checkbox"/> Knights Ferry | <input type="checkbox"/> Salida      |
| <input type="checkbox"/> Crows Landing | <input type="checkbox"/> La Grange     | <input type="checkbox"/> Turlock     |
| <input type="checkbox"/> Denair        | <input type="checkbox"/> Modesto       | <input type="checkbox"/> Valley Home |
| <input type="checkbox"/> Empire        | <input type="checkbox"/> Newman        | <input type="checkbox"/> Waterford   |
| <input type="checkbox"/> Hickman       | <input type="checkbox"/> Oakdale       | <input type="checkbox"/> Westley     |
| <input type="checkbox"/> Hughson       | <input type="checkbox"/> Patterson     |                                      |

Minimum hourly starting wage I'm willing to accept:

I am able to lift up to \_\_\_\_\_ pounds

I am able to stand for long periods      Yes  No

**My Educational Level:**

- Less than High School  
 High School graduate or GED  
 AA Degree  
 Postgraduate Degree

**Language:**

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| English                        | Spanish                        | Other: _____                   |
| <input type="checkbox"/> read  | <input type="checkbox"/> read  | <input type="checkbox"/> read  |
| <input type="checkbox"/> write | <input type="checkbox"/> write | <input type="checkbox"/> write |
| <input type="checkbox"/> speak | <input type="checkbox"/> speak | <input type="checkbox"/> speak |

I have a valid California Drivers License      Yes  No

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Class A<br>(Commercial) | <input type="checkbox"/> Class B<br>(Bus/Limo) | <input type="checkbox"/> Class C<br>(Standard) |
|--|--|--|

**Points on my driving record**

- 0 Points  
 2 Points or less  
 3 or more Points

I depend on public transportation to get to work:

Yes  No

**Microsoft Word**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> no experience or knowledge | <input type="checkbox"/> knowledge of |
| <input type="checkbox"/> proficient                 | <input type="checkbox"/> advanced     |

**Microsoft Excel**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> no experience or knowledge | <input type="checkbox"/> knowledge of |
| <input type="checkbox"/> proficient                 | <input type="checkbox"/> advanced     |

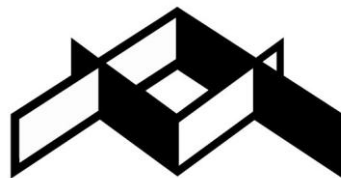
My typing speed is \_\_\_\_\_ WPM

**Continued on other side.....**

Regarding all of your employment, please select the closest category and enter the number of MONTHS you have worked.

Occupation	Months	Occupation	Months
Accounting/Finance/Bookkeeping		Information Technology-Software	
Advertising/Public Relations		Insurance Industry	
Arts/Entertainment/Publishing		Janitorial/Housekeeping	
Automotive-Technician/Repair		Legal Professions	
Banking/Mortgage/Loan Processing		Life and Physical Sciences	
Beauty/Fashion/Designer		Maintenance/Installation/Repair	
Childcare		Management/Supervision	
Clerical/Administration-except legal and medical		Manufacturing/Production	
Construction		Manufacturing/Technical	
Counselor/Social Worker		Medical-Nursing	
Customer Service Representative/ Call Center-except retail		Medical-Office	
Education/Training		Medical-Support	
Electrical		Non-Profit/Community Development	
Engineering/Architecture		Public Safety	
Farming and Related		Real Estate	
Food Preparation & Serving Related		Retail-Cashier	
Gardening/Landscaping		Retail-Other	
Graphic Design/Drafting		Sales	
Human Resources		Truck Driving/Transportation	
HVAC-Installation/Repair		Warehouse-Shipping/Receiving-Material Handling	
Information Technology-Hardware		Welding	

1 Year = 12 months  
 2 Years = 24 months  
 3 Years = 36 months  
 4 Years = 48 months  
 5 Years = 60 months  
 6 Years = 72 months  
 7 Years = 84 months  
 8 Years = 96 months  
 9 Years = 108 months  
 10 Years = 120 months



**ALLIANCE WORKNET**

11 Years = 132 months  
 12 Years = 144 months  
 13 Years = 156 months  
 14 Years = 168 months  
 15 Years = 180 months  
 16 Years = 192 months  
 17 Years = 204 months  
 18 Years = 216 months  
 19 Years = 228 months  
 20 Years = 240 months

## Basic Computer Skills Self-Assessment

Please enter a 3, 2 or 1 in the score box below

3 = YES   2 = NOT SURE, BUT LIKELY   1 = NO OR UNLIKELY

<b>Keyboard &amp; Mouse</b>	Score
1. Can you apply basic key functions: space bar, return/enter, shift, arrows, delete, backspace, and tab?	
2. Can you point, click, double-click and select text with a mouse?	
3. Can you scroll with the mouse or keyboard?	
<b>Subtotal:</b>	
<b>Computer Concepts</b>	
4. Can you turn on a computer?	
5. Can you exit an application?	
6. Can you shutdown the computer properly?	
7. Can you navigate toolbars, windows, menus, submenus, tabs and dialog boxes?	
8. Can you insert and eject removable storage media, such as a CD, USB or flash drive?	
9. Can you resize windows with minimize, restore and maximize?	
10. Can you run more than one program simultaneously and navigate between multiple open windows?	
<b>Subtotal:</b>	
<b>Word Processing Skills</b>	
11. Do you know what a font or type face is?	
12. Can you insert and remove/modify margins, tabs, headers, footers, page numbers and line spacing in your word processor?	
13. Can you edit, copy, cut and paste a block of text?	
14. Can you use a mouse to “drag” a block or text?	
15. Can you create a table in a word processing document	
16. Can you use a spell checker?	
17. Can you change text fonts, size, color or style?	
18. Can you print multiple copies of a document?	
19. Can you identify file types associated with Microsoft Office, doc vs.. docx?	
20. Do you know how to “save as” in order to create a copy of a file?	
<b>Subtotal:</b>	
<b>File Management</b>	
21. Can you create and open a file?	
22. Can you save a file with a meaningful name to a specific location?	
23. Can you locate a file once you save it?	
24. Can you use folders to manage your files?	
25. Can you create a folder with a meaningful name?	
<b>Subtotal:</b>	

## Basic Computer Skills Self-Assessment

Please enter a 3, 2 or 1 in the score box below

3 = YES 2 = NOT SURE, BUT LIKELY 1 = NO OR UNLIKELY

<b>Internet</b>	Score
26. Can you launch a browser to access the Internet?	
27. Can you locate a website with the URL?	
28. Can you use a browser's navigation tools to go back, forward, refresh and to a homepage?	
29. Can you find information using search engines?	
30. Can you differentiate between search engines, directories and meta search engines?	
31. Can you download and save files such as document, graphics or PDFs from the Internet?	
32. Can you download and install software, plug-ins or applets from the Internet?	
33. Can you manage online annoyances such as pop-up windows, spam, cookies, adware, spyware and viruses?	
<b>Subtotal:</b>	
<b>Email</b>	
34. Do you have an email address you regularly use?	
35. Can you change the password?	
36. Can you read messages?	
37. Can you compose and send messages?	
38. Can you delete and print messages?	
39. Can you reply to and forward messages?	
40. Can you send an attachment with an email?	
41. Can you detach files and save to a specific location?	
<b>Subtotal:</b>	
<b>TOTAL SCORE:</b>	