



# CareerSource South Florida Initial Assessment

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

**\* Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**\* Citizenship:**

Citizen of the U.S.

**Alien Status**

A Lawful Permanent Resident

Employment Authorization Document

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

Asylum Applicant

Asylum Granted

Date Asylum Granted: \_\_\_\_\_

Paroled

Refugee

Alien#: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

**\* SSN:** \_\_\_\_\_

**\* Race:**

American Indian/Alaskan Native

Asian

Black/African American

Haitian

Multi Racial

Native Hawaiian/Other Pacific Islander

White

**\* Ethnicity:**

Hispanic / Latino  Yes  No

**\* Gender:**  Female  Male

**Marital Status:**  Single  Married

Separated  Divorced

Widowed

**\* Birth Date:** \_\_\_\_\_

**Country of Origin:** \_\_\_\_\_

**\* Individual with Disability:**  Yes  No

**Education**

- 1st Grade  6th Grade  11th Grade  Bachelor Degree
- 2nd Grade  7th Grade  12th Grade  Master Degree
- 3rd Grade  8th Grade  GED  Doctorate Degree
- 4th Grade  9th Grade  High School  No Formal Schooling
- 5th Grade  10th Grade  Associates Degree

**Languages**

- English  Speak  Read  Write
- Spanish  Speak  Read  Write
- Other  Speak  Read  Write

**Work History**

Employer's Name	Position Title	Start Date	End Date	Annual Salary

**Skills/Duties**

**Application Questions**

Questions	Answers
I am currently employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been laid off from my job	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have registered with Selective Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently or have been in the U.S. Military	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am married to an active/inactive member of the U.S. Military	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Questions	Answers
I am a Veteran or Vietnam Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently collecting unemployment benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a custodial parent or expectant mother	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a Refugee or non-citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a U.S. citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a victim of domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a Retiree	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a Homemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am an Ex-Offender	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving Cash Assistance (TANF), Food Stamps, SSI or Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently paying or delinquent in child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently enrolled in school or training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any educational certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any training certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special needs that require reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special skills (typing, computer programs), etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Job Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Training Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Resume Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in GED Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Filing for Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Employability Skills Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Transportation Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Expunge and Seal Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Childcare Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Relocation Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in Clothing/Uniforms	<input type="checkbox"/> Yes <input type="checkbox"/> No

Providing the information on this form is voluntary. The information will be kept confidential as provided by law. Refusal to provide the information will not subject applicant to any adverse treatment. The information will be used only in accordance with the law.

**Attestation Statement:**

All of the above information provided on this document is true and correct to the best of my knowledge. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be used for tracking purposes.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Staff Name

\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Date