

WORKFORCE CONNECTION

Objective Assessment Summary Youth Registration

PERSONAL INFORMATION:

Date: _____

User Name: _____+1

Password: Youthworks#2

Primary Email Address: _____

Name: _____ Male _____ Female _____

Last

First

M.I.

Address: _____ City _____ State _____ Zip _____

Street

Apt. # / Floor

Phone No.: _____ Soc.Sec.No: _____/_____/_____ Birthdate: _____/_____/_____ Age: _____

Alternate Phone No.: _____ Name: _____ Relationship: _____

US Citizen: Yes ___ No ___

Non-Citizen allowed to work: Yes ___ No ___

Alien Registration Number _____ Expiration Date: _____

Do you have a license? Yes ___ No ___ Do you have a car? Yes ___ No ___

MARITAL INFORMATION: Single: _____ Married: _____ Separated _____ Divorced _____

Family size: _____ (Include all household members related by blood or marriage)

GENERAL INFORMATION:

Veteran of U.S.: Yes ___ No ___

Do you have a Medical Disability? Yes ___ No ___

Are you in the process of filing a Social Security Disability Claim? Yes ___ No ___

Have you ever been arrested? Yes ___ No ___

Please check any of the following programs you are currently participating with:

TANF/AFDC (Cash) _____ Food Stamps _____ Energy Assistance _____

Title 19 Medical _____ Unemployment Benefits _____ Counseling _____

Workers Comp _____ Soc. Sec. Benefits _____ Dept. of Veterans Affairs _____

Dept. of Mental Retardation _____ Dept. of Mental Health _____ Bureau of Rehab Serv. _____

Women's Emergency Shelter _____ Probation _____ Parole _____

Therapy _____ Medical Treatment _____ Halfway House _____

General Assistance _____ Foster Care (DCF) _____

EDUCATION INFORMATION:

Status	Name of School	City/Town	Dates Attended		Graduated
			From	To	

High School/GED					Yes	No
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College/University					Yes	No
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Business/Trade School					Yes	No
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Program of studies for degrees held: _____

List certificates held and special licenses held: _____

Computer literacy & skills: List below computer software programs utilized and/or any computer skills possessed: _____

WORK HISTORY INFORMATION: (Last employment first)

1. Employer: _____ Employed From _____ To _____ Wage or Salary _____

Address: _____ Job Title _____

Job Duties: _____ Reason for Leaving: _____

2. Employer: _____ Employed From _____ To _____ Wage or Salary _____

Address: _____ Job Title _____

Job Duties: _____ Reason for Leaving: _____

3. Employer: _____ Employed From _____ To _____ Wage or Salary _____

Address: _____ Job Title _____

Job Duties: _____ Reason for Leaving: _____

INCOME INFORMATION:

Please list **gross income** received by **each family member** during the last **6 MONTHS**.

As used here, family means two or more persons related by blood, marriage or decree of court who are living in a single residence and are (1) a husband and wife and dependent children, (2) a parent or guardian and dependent children, (3) a husband and wife.

Family Members:	Name	Income for last <u>6 MONTHS</u>	Received From*
1.	YOURSELF _____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

* EXAMPLE: Job, TANF, SAGA, Unemployment Comp., Pension, Social Security, etc.

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____