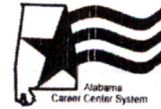


# ALABAMA CAREER CENTER



## CUSTOMER INFORMATION for Skills/Training Assessment

TO DETERMINE WHAT SERVICES MAY BE APPROPRIATE, PLEASE PROVIDE THE FOLLOWING INFORMATION

### Disability Disclosure:

This voluntary information will be used to determine if you are eligible for additional services or assistance in programs available at the Career Center. All information will be kept confidential and will not be used to deny you services or to illegally discriminate against you.

No, I would not like to disclose a disability.

Yes, I would like to disclose a disability. If yes, what accommodations do you require:

Social Security Number		Name: First, Middle Initial, Last					
Address			City	State			
Zip Code	County Name	Area Code	Telephone Number				
Message Telephone Number	Cellular Telephone Number		E-mail Address				
Date of Birth	Age	Gender	United States Citizen				
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Eligible Non-Citizen			
Race							
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American			
<input type="checkbox"/> Hawaiian Native/Pacific Islander		<input type="checkbox"/> White or Caucasian					
<input type="checkbox"/> Does not declare a race							
Ethnicity	Highest Grade Completed	Primary Language	Limited English	Selective Service			
<input type="checkbox"/> Hispanic or Latino	GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A		
Veteran	Disabled Veteran	Dates of Service	Campaign Related	Discharge Status (Circle)	Spouse/Widow of Vet		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Honorable/Dishonorable	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work History (List Last Three)		Start Date	End Date	Reason for Job End	Wage per Hour	Hours per Wk	Job Title and Duties Performed
Employer Name:							
Work tasks you enjoy: _____							
Tools/Equipment you can operate: _____							
Special License/Certificate: _____							
Date Obtained: _____							
For Skills Assessment you can review these helpful websites: <a href="http://www.careerinfonet.org/skills">www.careerinfonet.org/skills</a>							
<a href="http://www.myskillsmyfuture.org">www.myskillsmyfuture.org</a>							
<a href="http://www.mynextmove.org">www.mynextmove.org</a>							
What is your Employment Goal? _____							
How can we help you reach this goal? <u>WIA</u>							
When are you available for work? _____				What salary do you require? _____			

**\*\*If you are interested in training, please complete this page\*\***

Total Dependents in Household: _____		Marital Status: _____			Circle one:    Single    Single Parent    Married		
<b>Household Members:</b>							
Name	Relationship	Age	Gender	Amount	Last 6 months Income Source		
<b>Do you receive:</b>							
<b>Public Assistance</b>		<b>If Yes, which:</b>			<b>Food Stamps</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TANF <input type="checkbox"/> Refugee Assistance			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Homeless</b>		<b>Foster Child</b>		<b>SSI</b>	<b>Yth School Drop Out</b>	<b>Pregnant/Parenting Youth</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Youth Offender</b>		<b>If Youth Offender, which:</b>			<b>Unemployment Compensation</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Both			<input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee <input type="checkbox"/> None			
<b>Adult Offender</b>		<b>If Adult Offender, which:</b>			<b>Pregnant    If so, date due:</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Both			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Do you need information on the following:</b>							
<input type="checkbox"/> Day Care <input type="checkbox"/> Housing <input type="checkbox"/> Clothing <input type="checkbox"/> Transportation <input type="checkbox"/> Food <input type="checkbox"/> Other:							
<b>Attending College</b>		<b>If so, Name of College</b>		<b>Curriculum</b>		<b>GPA</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> I am currently default on a student loan    Explain: _____							
<input type="checkbox"/> I have applied for a PELL GRANT. <input type="checkbox"/> I am not eligible for a PELL GRANT. <input type="checkbox"/> I am receiving a PELL GRANT.							
<input type="checkbox"/> I have a degree    Type: _____    Date Obtained: _____ Area: _____							
<input type="checkbox"/> I have been enrolled in a JTPA/WIA Program before.    When: _____ Explain: _____							

**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE AND GIVE MY PERMISSION FOR VERIFICATION OF ANY INFORMATION ON THIS FORM.**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_