

Job Point Questionnaire for Services

Instructions: There is a Job Point program for everyone. Please make sure to fill in each item completely as it helps us in reviewing your questionnaire for our services. We want to be able to provide the best services for you. If an item does not apply to you, please fill in the blank with "N/A". If you have any questions please call us at (573) 474-8560. For individuals who are deaf, hard of hearing, blind or speech disabled, please dial 711 to reach Missouri Relay. Upon completion, submit this questionnaire to our office at 400 Wilkes Blvd., Columbia, MO 65201. Questionnaires are accepted for all programs on an on-going basis. Questionnaires received less than two weeks prior to program start may be held until next scheduled class.

GENERAL INFORMATION

Date _____ Who Referred you to Job Point? _____

Name _____
Last First MI Nickname

Address _____

City _____ State _____ Zip Code _____

County of Residence _____ Facebook Contact _____

Home Phone() _____ Message Phone() _____

Cell Phone() _____ May communicate with you by text? Yes _____ No _____

E-Mail Address _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Male _____ Female _____ Non-binary/third gender _____ Preferred Pronoun _____

Marital Status: Married _____ Single _____

Race: Asian _____ Black/African American _____ Caucasian _____ Native American/Alaskan _____
Native Hawaiian/Pacific Islander _____ Other/Multiple _____

Ethnicity: Hispanic _____ Not Hispanic _____

Country of origin _____ Native Language _____

Veteran/Eligible Spouse _____

JOB POINT PROGRAM/SERVICES

Which Job Point program are you interested in attending?

- | | |
|---|--|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Certified Nursing Assistant |
| <input type="checkbox"/> Highway/Heavy Construction | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Office Technology/Office Support | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> YouthBuild/AmeriCorps | <input type="checkbox"/> Warehouse |
- Employment Services/Job Works Job Readiness--Please indicate one of the following categories:
 Person with a Disability
 Person with a Ticket to Work (SSDI Recipients)
 Person with Social, Legal, Economic, or Educational Disadvantage

Can you attend day classes? Yes No Evening classes? Yes No

How were you informed about Job Point programs?

- Friend TV/Radio Newspaper Flyer/Brochure Agency/Organization
 Job Point Website Social Media (Facebook, Twitter) Search Engine (Google, Safari)

Have you seen a Job Point advertisement? If so, where?

- TV/Radio Social Media (Facebook, Twitter)
 Search Engine (Google) Newspaper/Magazine

What are your job goals?

What will it take to reach your job goals?

What are your strengths and weaknesses?

WORK HISTORY

Are you currently employed? Yes No

Name of employer _____

Current Salary _____ Number of hours you work each week _____

If not employed, when did you last work? _____

Name of employer _____

Have you registered with the Selective Service (Draft)? Yes No

U.S. Military Service Yes No

EDUCATION

Name of High School Attended _____ City _____ State _____ Country _____

High School Diploma: Yes ___ No ___ Year: _____

HS Equivalency (GED or Hi-Set): Yes ___ No ___ Year: _____

What is the highest grade level you completed? 1 2 3 4 5 6 7 8 9 10 11 12 (circle one)

If you did not complete high school or obtain an equivalency certificate, why did you drop out? _____

Are you now, or have you been enrolled in college? Yes ___ No ___

If so, name of College(s) and hours completed or degree earned _____

HOUSEHOLD AND FINANCIAL INFORMATION

Indicate your Current Living Status:

Home or Apartment Public Housing Homeless Shelter
 Living with family Living Alone Living with Friends
 Homeless Living in a Halfway House
 Other (please specify) _____

What is your household's annual income? _____

How many people live in your household? _____

What is their relationship to you?

List Your Children

Name	Age	Do they live with you?
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N

Are you receiving child support? Yes ___ No ___ Are you paying child support? Yes ___ No ___

Do you currently have daycare arrangements? Yes ___ No ___ N/A _____

Are you or your parents receiving:

TANF check	Yes _____	No _____	Amount _____
Food Stamps	Yes _____	No _____	Amount _____
WIC	Yes _____	No _____	Amount _____
Section 8-Housing	Yes _____	No _____	Amount _____
Unemployment	Yes _____	No _____	Amount _____
SSI	Yes _____	No _____	Amount _____
SSDI	Yes _____	No _____	Amount _____

Is your child's mother/father receiving:

TANF check	Yes _____	No _____	Amount _____
Food Stamps	Yes _____	No _____	Amount _____
WIC	Yes _____	No _____	Amount _____
Section 8-Housing	Yes _____	No _____	Amount _____
Unemployment	Yes _____	No _____	Amount _____
SSI	Yes _____	No _____	Amount _____
SSDI	Yes _____	No _____	Amount _____

TRANSPORTATION

Do you own a car? Yes ___ No ___ Do you know how to drive? Yes ___ No ___
 Do you have a valid Driver's License? Yes ___ No ___

How will you get to and from Job Point each day? _____

LEGAL HISTORY

Have you ever been arrested? Yes ___ No ___

Have you ever been convicted of a Misdemeanor? Yes ___ No ___ Felony? Yes ___ No ___

If yes to either, what was the charge?	When did it occur?
_____	_____
_____	_____
_____	_____

Were you ever at a Juvenile Detention Center? Yes ___ No ___ If yes, when & where _____

Were you ever at an Adult Correctional Facility? Yes ___ No ___ If yes, when & where _____

Are you currently on probation? Yes ___ No ___ If yes, Probation Officer Name _____
 Release date: _____

Are you currently on parole? Yes ___ No ___ If yes, Parole Officer Name _____
 Release date: _____

Are you involved in or have you received services through a reintegration aftercare program? Yes ___ No ___

Have you lost voting rights? Yes ___ No ___

Do you have a case pending? Yes ___ No ___ If yes, what is the charge, where, and when will a determination be made? _____

Do you have a Good Cause Waiver? Yes ___ No ___

LIVING SKILLS

Please check all areas you would identify as weaknesses, and explain below

- | | | |
|--|--|--|
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Health | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Community Orientation | <input type="checkbox"/> Household Skills | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Leisure | <input type="checkbox"/> Mobility in Community | <input type="checkbox"/> Sex Education/Family Planning |

Explanation: _____

What are your leisure activities? _____

HEALTH

Do you have a legal guardian? If so, please indicate Guardian Contact Information:

Contact Person _____
Relationship to applicant _____
Address _____
Day time phone _____ Evening phone _____

List others who should be contacted in the case of an emergency:

Contact Person _____
Relationship to applicant _____
Address _____
Day time phone _____ Evening phone _____

Contact Person _____
Relationship to applicant _____
Address _____
Day time phone _____ Evening phone _____

Contact Person _____
Relationship to applicant _____
Address _____
Day time phone _____ Evening phone _____

Contact Person _____
Relationship to applicant _____
Address _____
Day time phone _____ Evening phone _____

Do you have any physical, medical or health conditions that interfere with your ability to work?
Yes ___ No ___ If yes, please describe _____

Do you have health insurance? Yes ___ No ___ If yes, what company? _____

Have you ever had a physical examination? Yes ___ No ___ If yes, date of last physical exam _____

Do you have a doctor? Yes ___ No ___ If yes, Dr. Name _____

Do you have any allergies? Yes ___ No ___ If yes, List _____

Are you taking any doctor prescribed medications? Yes ___ No ___ If yes, List _____

Have you ever received treatment or been hospitalized for a mental illness? Yes ___ No ___
If yes, when and where? _____

Hearing Issues? Yes ___ No ___ Vision Issues? Yes ___ No ___

Are you pregnant? Yes ___ No ___ N/A ___ If yes, how far along? _____

Are you currently in a program or in need of counseling for an addiction such as cigarettes, alcohol or drugs?
Yes ___ No ___ If yes, Name of program & counselor _____

How long have you maintained sobriety? _____

Who supports you in a crisis? _____

Have you ever worked with a State Vocational Rehabilitation office? Yes ___ No ___

If so, where is their office located? _____

What is/was your Vocational Rehabilitation Counselor's name?

What other agencies are you currently working with?

Employment Eligibility Verification Checklist

Instructions: You will be required to provide one document from List A and check the appropriate box for which document you will bring to enroll in Job Point OR you will need to bring one document from List B AND one document from List C and check the appropriate boxes for the documents you will bring to enroll in Job Point.

List A	List B	List C
Documents that Establish Identity and Employment Eligibility	Documents That Establish Identity	Document that Establish Employment Eligibility
<p>___ 1. U.S. Passport</p> <p>___ 2. Certificate of U.S. Citizenship</p> <p>___ 3. Certificate of naturalization</p> <p>___ 4. Unexpired foreign passport with attached Employment Authorization</p> <p>___ 5. Alien Registration Card with photograph</p>	<p>___ 1. A State-issued license or a State-issued I.D. card with a photograph, or information including name, sex, date of birth, height, weight, and color of eyes. (Specify state ____)</p> <p>___ 2. U.S. Military Card</p> <p>___ 3. Other (Specify document and issuing authority)</p>	<p>___ 1. Original Social Security Number Card (other than a card stating it is not valid for employment)</p> <p>___ 2. A birth certificate issued by State, county or municipal authority bearing a seal or other certification</p> <p>___ 3. Unexpired Ins. Employment Authorization</p>

In signing this application, I submit that I have answered all of the questions accurately. I understand that entering false information on this form may be grounds for denial of entry to the program or dismissal from the program.

Your Signature Date

Guardian's Signature (if minor) Date

