

## 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 \_\_\_\_\_

### JOB POINT PROGRAM/SERVICES

Which Job Point program are you interested in attending?

\_\_\_\_\_ Carpentry \_\_\_\_\_ Certified Nursing Assistant  
\_\_\_\_\_ Highway/Heavy Construction \_\_\_\_\_ HVAC  
\_\_\_\_\_ Office Technology/Office Support \_\_\_\_\_ Retail Sales  
\_\_\_\_\_ YouthBuild/AmeriCorps

\_\_\_\_ 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

___ Budgeting	___ Health	___ Grooming
___ Transportation	___ Housing	___ Hygiene
___ Community Orientation	___ Household Skills	___ Cooking
___ Leisure	___ Mobility in Community	___ 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
____ 1. U.S. Passport	____ 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 _____)	____ 1. Original Social Security Number Card (other than a card stating it is not valid for employment)
____ 2. Certificate of U.S. Citizenship	____ 2. U.S. Military Card	____ 2. A birth certificate issued by State, county or municipal authority bearing a seal or other certification
____ 3. Certificate of naturalization	____ 3. Other (Specify document and issuing authority)	____ 3. Unexpired Ins. Employment Authorization
____ 4. Unexpired foreign passport with attached Employment Authorization		
____ 5. Alien Registration Card with photograph		

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

