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. 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.

Job Point is an equal opportunity employer/organization. Auxiliary aids and services are available upon request to individuals with disabilities. For Missouri Relay Services call 711. If needed, contact our Compliance Officer at 573-474-8560 for assistance in the translation and understanding of the information in the document(s) you have received. Si necesita asistencia para traducer y entender la información contenida en el documento(s) que recibió, llame al Oficial de Cumplimiento 574-474-8560.

GENERAL INFORMATION

Date_____ Who Referred you to Job Point? _____

Name_____
Last First MI Nickname

Other previous last names _____

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_____

Limited English Proficiency Yes ☐ No ☐

JOB POINT PROGRAM/SERVICES

Which Job Point program are you interested in attending?

_____Carpentry
_____Highway Maintenance & Repair
_____Office Technology/Office Support
_____YouthBuild/AmeriCorps
_____Certified Nursing Assistant
_____HVAC
_____Retail Sales
_____Warehouse
_____Hair Braid
_____OTHER_____
_____Commercial Driver's License (Class A CDL)
_____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
____ Search Engine (Google)
____ Social Media (Facebook, Twitter)
____ Newspaper/Magazine

What are your job goals?

_____

_____

What do you need to reach your job goals, and how would you like us to help?

_____

_____

What challenges, or barriers do you feel might affect your ability to achieve your goals?

_____

_____

What are your strengths?

_____

_____

WORK HISTORY

Are you currently employed? Yes ☐ No ☐
Name of employer_____ Date Started_____
Current Salary_____Number of hours you work each week _____

If not employed, what dates did you last work? FROM _____ TO _____

Name of employer_____

Other experience/skills gained through employment and/or volunteering: _____

_____

Have you registered with the Selective Service (Draft)? Yes ☐ No ☐
Veteran/Eligible Spouse Yes ☐ No☐ If Veteran or Active Duty, please list service and dates:

_____

_____

EDUCATION

Name of High School Attended City State Country

High School Diploma: Yes ☐ No ☐ Year: _____

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

Special Ed./ IEP/ 504 Plan: Yes☐ No☐

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?_____

_____

Have you attended Job Point previously? Yes ☐ No ☐ If so, what program? _____

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

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

_____

Other Pertinent Education, Training, Certificate Information: _____

_____

In reference to employment, please list any cultural preferences, or factors to be considered. (Re: ethnic, religion, generational, dress codes, communication, etc.):

_____

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	
_____ Foster Care	_____ Supported Living/ISL	

_____ Other (please specify) _____

Do you feel safe and secure in your current living arrangement? Yes ☐ No ☐

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?
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐

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	$_____	☐Unemployment	$_____
☐Food Stamps/SNAP	$_____	☐SSI	$_____
☐WIC	$_____	☐SSDI	$_____
☐Section 8-Housing	$_____	☐ Other: Explain:_____	
☐ Public Housing	$_____		

Is your child's mother/father receiving:

☐TANF	$_____	☐Unemployment	$_____
☐Food Stamps/SNAP	$_____	☐SSI	$_____
☐WIC	$_____	☐SSDI	$_____
☐Section 8-Housing	$_____	☐ Other: Explain:_____	
☐ Public Housing	$_____		

If you receive SSI or SSDI, would you like to speak with a Benefits Specialist about benefits planning/Ticket to Work? Yes ☐ No ☐

TRANSPORTATION

Do you own a car? Yes ☐ No☐ Do you know how to drive? Yes ☐ No ☐

Do you have a valid driver's permit? Yes ☐ No ☐

Do you have a valid MO Driver's License? Yes ☐ No ☐

Do you have a valid Driver's License from another state? Yes ☐ No ☐

How will you get to and from Job Point, and/or, to/from a job each day? _____

_____

LEGAL HISTORY

Have you ever been arrested? Yes ☐ No ☐
Have you ever been convicted of a Misdemeanor? Yes ☐ No ☐
Have you ever been convicted of a Felony? Yes ☐ No ☐
Have you ever been on Probation/Parole? Yes ☐ No ☐

If yes to any of the above, please explain:

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 ☐

If you have a case pending, please list the following:
Charge: _____
Location: _____
Date determination will be made: _____

Have you lost voting rights? Yes ☐ No ☐

Do you have a Good Cause Waiver issued through MO Department of Health and Senior Services?
Yes ☐ No ☐

LIVING SKILLS

Please check all areas you would identify as weaknesses, and your need for support in identifying or accessing resources:

☐ Budgeting/Financial Planning ☐ Transportation ☐ Housing ☐ Household Skills ☐ Cooking
☐ Grooming ☐ Hygiene ☐ Community Orientation ☐ Mobility in Community ☐ Leisure Activities
☐ Sex Education/Family Planning ☐ Physical Health ☐ Mental Health ☐ Advocacy
☐ Substance Dependence ☐ Educational Goals ☐ Use of technology (computer, phone, etc.)

Please explain areas checked: _____

_____

What are your leisure activities, interests, and hobbies?_____

CONTACT INFORMATION

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_____

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 Documents that Establish Identity and Employment Eligibility	List B Documents That Establish Identity	List C 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 of 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

Name_____ Date_____

HEALTH INFORMATION FORM

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

Please list any potential health, and/or safety risks we should be aware of:
_____

Do you have health insurance? Yes ☐ No ☐ If yes, company name?_____

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 tobacco, 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 received services from the Department of Vocational Rehabilitation/VR Counselor?
Yes ☐ No ☐

If so, when, and where is their office located? _____

Name of Vocational Rehabilitation Counselor _____

What other agencies are you currently working with?
_____
_____

To help you succeed, are there any specific accommodations, or additional supports you may need?
_____

_____

<u>Only to be Completed by YouthBuild/AmeriCorps Candidates</u>

CRIMINAL HISTORY CONSENT

A. The Youthbuild/AmeriCorps member authorizes the program to perform a criminal history check to determine if he/she meets the eligibility requirements of CNCS and the program for this AmeriCorps position. The information reviewed from this check will include but not be limited to allegations and convictions for crimes committed and will be gathered to the extent permitted by state and federal law. The results of these checks will be kept confidential and in a secure location. The member will have an opportunity to review and challenge the factual accuracy of the report before action is taken to exclude him/her from the position.

B. This criminal history check will consist of the following:
   - A check of the Missouri State Highway Patrol for the state of Missouri and, if different, for the state in which I reside/resided at the time of application.
   - A National Sex Offender Public Website (NSOPW) check and
   - A fingerprint-based FBI records check.

C. As a candidate for an AmeriCorps member position, the member understands and acknowledges that acceptance as an AmeriCorps member is contingent upon the organization's review of one's criminal history and that **refusal** to consent to the above checks makes the member ineligible to serve. In addition:

   - Anyone listed or required to be listed on a sex offender registry/website is ineligible to serve.
   - Anyone convicted of murder is ineligible to serve.

D. Lastly, the member understands that while waiting for the results of the criminal history checks, he/she is not permitted to be unsupervised on service sites.

Candidate Print Name **Candidate Signature** **Date**

If applicant is under 18 years old Parent or Guardian Authorization is needed

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Signature of Parent or Guardian **Date**

Parent/Guardian Name
(Print):_____