SKILLSOURCE
Your One-Stop Job Center

DATE _____
STAFF _____

CUSTOMER INFORMATION FORM

Disclaimer: The information gathered in this form may be used for WIA eligibility/enrollment purposes.

P L E A S E P R I N T C L E A R L Y

INFORMATION ABOUT YOU

Last name _____
First name _____
Middle name _____ SS#:_____
Date of birth ____/____/____ Gender F ___ M ____
Marital Status: Single ___ Married ___ Other _____
Street Address _____
City, State, ZIP _____
County _____
Telephone (____) _____-_____
Cell (____) _____-_____
Email _____

Please circle the following documents to prove legal authorization to work in the United States: **(For WIA eligibility/enrollment purposes only.)**

☐ U.S. birth certificate ☐ U.S. Passport ☐ Voter's ID

☐ Certificate of Naturalization ☐ Permanent Resident ☐ Unexpired I-94

☐ Unexpired I-688 A or B ☐ N-550 or N-570

If not US citizen: Nationality: _____

Date arrived in USA:_____ (for Selective Service Regn)

EMPLOYER INFORMATION

Current or Last Employer _____
City and State or Country _____
_____
Telephone (____) _____-_____
Job Title _____
Duties _____
_____
Wage / Salary $_____ per _____
Hours per week _____
Benefits Yes ___ No ___
Start Date ____/____/____
End Date ____/____/____
Reason the job ended laid off ____
other _____
_____

GENERAL INFORMATION

Completed high school or GED? Yes No
If No, indicate last grade completed ____

College degree earned? Degree ____ Major _____
Name of College _____
City, State / Country _____

College course(s) taken? Course(s) _____
Name of College _____
City, State / Country _____

Have you had any formal and/or vocational training? Yes No
If Yes, what training? _____

Family Size (including number of dependents living at home): _____
Do you have children? Yes No
Do you have dependable child care? Yes No
Do you have a current driver's license? Yes No
Do you have a car? Yes No
Do you know how to use public transportation? Yes No
Are you collecting unemployment insurance? Yes No
Are you unemployed and actively seeking employment? Yes No
Are you working and looking for a better job? Yes No
Are you or family members receiving government assistance? Yes No
If Yes, please circle the service(s) TANF FS GR other _____
Your caseworker is _____
Is your housing situation stable? Yes No
Do you have healthcare needs? Yes No
Do you have a documented disability? Yes No
If yes: Does it require accommodation? Yes No
Do you receive SSI or SSDI from Social Security Admin? Yes No
Are you registered with the Selective Service? Yes No
Are you looking for full-time ____ part-time ____ employment?
Shift you are willing to work: Daytime ___ Evening ___ Weekends ___
Are you fluent in language(s) other than English? Yes No
Which one(s)? _____
Have you ever served in the U.S. military? Yes No
If Yes, Branch_____
Date entered the military ____/____/____
Discharge Date ____/____/____
Are you a military spouse? Yes No
Have you ever been convicted for any violation of law? Yes No
Occupation(s) desired _____
Desired work location(s) _____

How did you hear about the One Stop/SkillSource Center?
_____

What services or information can the One Stop/SkillSource Center provide you to help you in your job search or career needs? **Please include communication preferences, if applicable.**
_____
_____

NAME OF APPLICANT: _____

FOR ONE STOP/SKILLSOURCE CENTER STAFF USE ONLY

REFERRED TO PARTNERS (Check Applicable Agencies):

☐ WIA Title I Adult ☐ WIA Title I DW ☐ WIA Title I Youth ☐ Job Corps ☐ Native American

☐ Migrant & Seasonal Farm Workers ☐ Veterans Services ☐ Virginia Employment Commission

☐ FCPS (Adult Education and Literacy Activities) ☐ Department of Rehabilitative Services

☐ Area Agency for Aging (AAA) or other Senior Community Services

☐ Northern Virginia Community College (Post Secondary Vocational Education/Carl Perkins Act)

☐ Trade/NAFTA Transitional Assistance ☐ Disabled Veterans Outreach ☐ Housing

☐ Community Services Block Grant ☐ Alcohol and Drug Services (ADS) ☐ Diocese of Arlington

☐ Fairfax County Department of Family Services (TANF, FS, CPS, etc)

☐ ServiceSource (Employment Specialist) ☐ SkillSource Ticket To Work Program

☐ Opportunities Alternatives and Resources (OAR)/VASAVOR (Offender Programs)

☐ Reston Interfaith

☐ Other _____

ADDITIONAL COMMENTS:

_____

_____

STAFF SIGNATURE: _____ **DATE:** _____

I APPROVE THE RELEASE OF INFORMATION TO THE ONE STOP/SKILLSOURCE CENTER AND PARTICIPATING AGENCIES OF RECORDS AND INFORMATION RELEVANT TO MY JOB SEARCH AND CAREER NEEDS.

APPLICANT SIGNATURE: _____ **DATE:** _____

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STATUS OF REFERRAL: (TO BE COMPLETED BY PARTNER AGENCY AND COPY RETURNED TO CENTER OPS STAFF)

☐ Enrolled in program – please specify: _____ (e.g. WIA, DRS, FCPS, etc).

☐ Not enrolled ☐ Other – please specify: _____