

State of Alaska, Department of Labor and Workforce Development

APPLICANT INFORMATION

The information you provide will help us get to know you faster and form the basis for your future plans. Please answer these questions to the best of your ability.

NAME: _____ PHONE NUMBER _____

ADDRESS: _____

Goals

1. What job would you like to have within the next year? _____
2. What job would you like to have within the next 2-4 years? _____
3. Why are you interested in these jobs? _____

4. If necessary, are you willing and able to relocate in order to obtain permanent employment? Yes [] No []
If yes, in what community/communities are you willing to live, in order to obtain work? _____
5. Based on your present job goals, do you believe:
 - You have the necessary work experience you need to qualify for the job of your choice?
 - You need transitional employment or short-term jobs to gain more work experience and qualifications?
 - You need additional training to qualify for the job that you want?

Education and Skills

1. Current Student? Yes [] No []
If yes, Where? _____
2. High School Diploma? Yes [] No []
3. Date Last Attended/Graduated _____
4. GED Certificate? Yes [] No []
5. Date Completed _____
6. If no GED or Diploma, why did you leave school?

7. Vocational Training (include Military) Yes [] No []
Type of Vocational Training a. _____
Certificate/License? Yes [] No []
Date of Certification _____
Funding source? _____
Type of Training b. _____
Certificate/License? Yes [] No []
Date of Certification _____
Funding source? _____
8. College Credits? Yes [] No []
College _____
Dates Attended _____
Major _____
Degree Earned _____
Funding Source? _____
9. Do you have a valid Drivers License? Yes [] No []
10. Do you have any Occupational Licenses (CDL, etc)? Yes [] No []
11. List the machinery, tools and/or office equipment you can operate: _____

Job Search Activities

1. Have you been actively looking for work? Yes _____ No _____ How long? _____

If you have not been looking for work please explain why: _____

2. What do you think is the main reason you have not been able to find a job? _____

3. Are you currently registered with the Employment Service? Yes _____ No _____

4. Do you have an updated resume? Yes _____ No _____

5. What caused you to lose your last job?

Please explain: _____

6. After training, are you willing to work: Full Time _____ Part Time _____ Seasonal _____ Night Shift _____
Evenings _____ Weekends _____

7. Is there a reason an employer might not want to hire you? Yes _____ No _____

8. Does your family support your decision to return to work? Yes _____ No _____

9. Do you have children that will need childcare? _____ If so, how many? _____

10. List other skills and/or experience obtained outside of work: _____

11. I would describe some of my job skills as follows:

a). My reading skills are:
_____ above average _____ average _____ below average _____ not important to my job goals

b). My writing skills are:
_____ above average _____ average _____ below average _____ not important to my job goals

c). My math skills are:
_____ above average _____ average _____ below average _____ not important to my job goals

d). My ability to express myself and listen carefully to others are:
_____ above average _____ average _____ below average _____ not important to my job goals

e). My teamwork skills and ability to work productively with a wide variety of people are:
_____ above average _____ average _____ below average _____ not important to my job goals

Employment History

Attach a resume, or complete the job history section below including any self-employment, i.e. fishing.
List most recent job first.

Employer Name: _____
Address: _____
Phone Number: _____
Dates of Employment: Beginning _____ Ending _____
Hours per week: _____ Hourly Wage or Weekly Salary: _____
Job Title: _____
Description of duties: _____

Reason for leaving: _____

Employer Name: _____
Address: _____
Phone Number: _____
Dates of Employment: Beginning _____ Ending _____
Hours per week: _____ Hourly Wage or Weekly Salary: _____
Job Title: _____
Description of duties: _____

Reason for leaving: _____

Employer Name: _____
Address: _____
Phone Number: _____
Dates of Employment: Beginning _____ Ending _____
Hours per week: _____ Hourly Wage or Weekly Salary: _____
Job Title: _____
Description of duties: _____

Reason for leaving: _____

I volunteered at:

<u>Place</u>	<u>Job/Activities</u>	<u>Hours</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Needs

1. Check items that may limit participation in educational programs or ultimate employment goals:

- | | |
|---|--|
| <input type="checkbox"/> lack of reliable transportation | <input type="checkbox"/> lack of appropriate clothing |
| <input type="checkbox"/> inadequate child care | <input type="checkbox"/> drug or alcohol problem |
| <input type="checkbox"/> lack of food | <input type="checkbox"/> pregnancy needs |
| <input type="checkbox"/> lack of money for daily expenses | <input type="checkbox"/> dental care needs |
| <input type="checkbox"/> family problems | <input type="checkbox"/> trouble with vision |
| <input type="checkbox"/> problems with child or children | <input type="checkbox"/> trouble with hearing |
| <input type="checkbox"/> inadequate housing | <input type="checkbox"/> trouble reading and writing |
| <input type="checkbox"/> legal problems | <input type="checkbox"/> trouble speaking English well |
| <input type="checkbox"/> health/medical problems | <input type="checkbox"/> other: _____ |
| | _____ |

Please be prepared to discuss any of the items that were checked above: _____

2. List any other concerns or issues you would like to discuss with your employment counselor: _____

Privacy Act / Disclosure Statement

I understand that this information may be shared among Workforce Investment Act (WIA) partners for the purpose of assisting me in my reemployment goals.

SIGNATURE: _____

DATE: _____

Equal Opportunity Employer/Program & Auxiliary aids and services are available upon request to individuals with disabilities