



**YSLETA DEL SUR PUEBLO**  
**TIGUA INDIAN EMPLOYMENT TRAINING PROGRAM**  
**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)**  
**9180 SOCORRO RD. • YSLETA DEL SUR PUEBLO • TEXAS 79907**  
**Phone: 915-859-8151 / Fax: 915-242-0077**

**CLIENT COMPLETE PACKAGE CHECK LIST**

The WIOA Program is funded by the Department of Labor through the Workforce Innovation and Opportunity Act (WIOA) and strives on assisting Native Americans with training and/or employment. Before any action is taken, all required documents indicated below must be provided in order for your WIOA application to be considered complete. Please note that any application not completed will be considered pending and no services will be provided.

**CHECK ALL THOSE THAT PERTAIN TO THE CLIENT AND FILE THE DOCUMENTS IN THE FOLLOWING ORDER. ONCE YOU HAVE GATHERED ALL REQUIRED DOCUMENTS, PLEASE CALL TO SET UP AN APPOINTMENT.**

| #                 | Required Documents   | Pending | Submitted |
|-------------------|--|---------|-----------|
| 1                 | Food Stamps Letter (If Applicable)                           |         |           |
| 2                 | Birth Certificate  |         | X         |
| 3                 | Social Security Card   |         | X         |
| 4                 | Updated Census Card  |         |           |
| 5                 | Identification Card (Drivers License / State ID / School ID) |         |           |
| 6                 | Proof of Income (2 Pay Stubs / Child Support / SSI)          |         |           |
| 7                 | Proof of Residence (Rent / Utility Receipt)                  |         |           |
| 8                 | Resume   |         |           |
| 9                 | Recent School Report Card or Progress Report                 |         |           |
| 10                | Ysleta Del Sur Pueblo Drug Policy                            |         |           |
| 11                | Tribal Identification Form (Tribal Records)                  |         |           |
| <b>EXPIRATION</b> |  |         |           |

This application expires **3 calendar months** from the application intake processing date. Clients are encouraged to follow up on the status of their application on a weekly basis. If the WIOA staff does not hear from the client, after being contacted repeatedly, it will be assumed that the client is no longer interested in the WIOA program and the application will expire after the last day of the 3rd month.

| <b>OFFICE USE ONLY</b>  |      |                |  |
|---|------|----------------|--|
| Description   | Date | Authorization  |  |
| Intake Processing   |      | Client         |  |
| Eligibility Confirmation  |      | Intake Officer |  |
| <b>Notes</b>  |      |                |  |
| <input type="checkbox"/> Intake Completed <input type="checkbox"/> Video Trainings Completed<br><input type="checkbox"/> Tribal Identification Form Completed <input type="checkbox"/> Clerical Test Completed<br><input type="checkbox"/> WIOA Officer for Approval <input type="checkbox"/> 10hr Computer Training Completed<br><input type="checkbox"/> BearTracks Intake Entered <input type="checkbox"/> Employment Information Sheet Received<br><input type="checkbox"/> Client Spreadsheet Intake Entered <input type="checkbox"/> Job Description Received |      |                |  |
| <input type="checkbox"/> Orientation Completed <input type="checkbox"/> BearTracks Employment Entered<br><input type="checkbox"/> Drug & Background Check Completed <input type="checkbox"/> Client Spreadsheet Employment Entered<br><input type="checkbox"/> PAN & W4 to Finance Submitted <input type="checkbox"/> Site Visit / ATBW & NOT Completed<br><input type="checkbox"/> Referred for Financial Literacy <input type="checkbox"/> Exit PAN to Finance Submitted  |      |                |  |

YSLETA DEL SUR PUEBLO  
TIGUA INDIAN EMPLOYMENT & TRAINING PROGRAM  
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)  
APPLICATION / ELIGIBILITY FORM

| INTAKE<br>(PLEASE PRINT)  |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
|---|----|-----------------------------------|--|-------------------------------------|-----|--|--------------------------|--|---|---------------|------|--|--|--|
| <i>Processed Date</i>   |    |                                   | <i>Social Security #</i>                                       |                                     |     | <i>Gender</i>  |                          | <i>Birth Date</i>                                  |   |               |      |  |  |  |
|   |    |                                   |  |                                     |     | <input type="checkbox"/>   | <input type="checkbox"/> |  |   |               |      |  |  |  |
| MM  | DD | YYYY                              |  |                                     |     | Male   | Female                   | MM   | DD  | YYYY          |      |  |  |  |
| <i>Last Name</i>  |    |                                   | <i>First Name</i>  |                                     |     | <i>Middle Name / Suffix</i>  |                          | <i>E-Mail Address</i>                              |   |               |      |  |  |  |
|   |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
| <i>Address</i>  |    |                                   | <i>City</i>  |                                     |     | <i>State</i>   |                          | <i>Zip</i>   |   | <i>County</i> |      |  |  |  |
|   |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
| <i>Main Phone #</i>   |    |                                   | <i>Alternate Phone #</i>                                       |                                     |     | <i>Emergency Contact Person</i>  |                          | <i>Emergency Contact Relationship</i>              |   |               |      |  |  |  |
|   |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
| <i>Marital Status</i>   |    |                                   |  |                                     |     | <i>Emergency Contact Main Phone #</i>  |                          | <i>Emergency Contact Alt. Phone #</i>              |   |               |      |  |  |  |
| <input type="checkbox"/> Single   |    | <input type="checkbox"/> Married  |  | <input type="checkbox"/> Widowed    |     |  |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> Separated  |    | <input type="checkbox"/> Divorced |  | <input type="checkbox"/> Common Law |     |  |                          |  |   |               |      |  |  |  |
| <i>Education at Enrollment</i>  |    |                                   | <i>Last Grade Completed at Enrollment</i>                      |                                     |     |  |                          |  | <i>Employment at Enrollment</i>   |               |      |  |  |  |
|   |    |                                   | 4th  | 5th                                 | 6th | 7th  | 8th                      | 9th  | 10th  | 11th          | 12th |  |  |  |
| <input type="checkbox"/> In-School, Alternative School                    |    |                                   | <input type="checkbox"/> High School Diploma (Graduate)        |                                     |     | <input type="checkbox"/> College Junior  |                          |  | <input type="checkbox"/> Employed   |               |      |  |  |  |
| <input type="checkbox"/> In-School, Post High School                      |    |                                   | <input type="checkbox"/> GED                                   |                                     |     | <input type="checkbox"/> Bachelor of Arts  |                          |  | <input type="checkbox"/> Employed, but received termination notice or military separation |               |      |  |  |  |
| <input type="checkbox"/> In-School, High School or Less                   |    |                                   | <input type="checkbox"/> Vocational Tech School (Graduate)     |                                     |     | <input type="checkbox"/> Bachelor of Science   |                          |  | <input type="checkbox"/> Not Employed or Not in Military                                  |               |      |  |  |  |
| <input type="checkbox"/> Not Attending School; H.S. Dropout               |    |                                   | <input type="checkbox"/> College Freshman                      |                                     |     | <input type="checkbox"/> Masters Degree  |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> Not Attending School; H.S. Graduate              |    |                                   | <input type="checkbox"/> College Sophomore                     |                                     |     | <input type="checkbox"/> Doctorate   |                          |  |   |               |      |  |  |  |
|   |    |                                   | <input type="checkbox"/> Associates Degree                     |                                     |     | High School: _____   |                          |  |   |               |      |  |  |  |
| ELIGIBILITY CHECKLIST<br>(OFFICE USE ONLY)                                |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
| <i>Veteran Preference</i>   |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> Transitioning Service Member                     |    |                                   | <input type="checkbox"/> Campaign Veteran                      |                                     |     | <input type="checkbox"/> Disabled Veteran  |                          |  | <input type="checkbox"/> Eligible Veteran Status  |               |      |  |  |  |
| <i>Public Assistance Recipient Information</i>                            |    |                                   |  |                                     |     | <i>Barriers</i>  |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> General Assistance (GA) (State/Local Government) |    |                                   |  |                                     |     | <input type="checkbox"/> Basic Skills Deficiency                                     |                          | <input type="checkbox"/> Disability                |   |               |      |  |  |  |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF)    |    |                                   |  |                                     |     | <input type="checkbox"/> Offender  |                          | <input type="checkbox"/> Substance Abuse           |   |               |      |  |  |  |
| <input type="checkbox"/> Supplemental Security Income (SSI-SSA Title XVI) |    |                                   |  |                                     |     | <input type="checkbox"/> Limited English   |                          | <input type="checkbox"/> Displaced Homemaker       |   |               |      |  |  |  |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI)      |    |                                   |  |                                     |     | <input type="checkbox"/> Lacks Work History  |                          | <input type="checkbox"/> Long Term Unemployment    |   |               |      |  |  |  |
| <input type="checkbox"/> Food Stamps (Food Stamp Act of 1977)             |    |                                   |  |                                     |     | <input type="checkbox"/> Homeless  |                          | <input type="checkbox"/> Pregnant / Parenting Teen |   |               |      |  |  |  |
| <input type="checkbox"/> Foster Child Payments                            |    |                                   |  |                                     |     | <input type="checkbox"/> Low Income  |                          | <input type="checkbox"/> Other                     |   |               |      |  |  |  |
| <input type="checkbox"/> Tribal Work Experience Program (TWEP)            |    |                                   |  |                                     |     | <input type="checkbox"/> Single Head of Household with Dependents under age 18       |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> USDA Commodity Program                           |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> Other Public Assistance Recipient                |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
| <i>Identification / Age</i>   |    |                                   | <i>Proof of Residence</i>                                      |                                     |     | <i>Verification as Native American</i>   |                          |  | <i>Selective Service (Males 18-25 Only)</i>   |               |      |  |  |  |
| <input type="checkbox"/> Birth Certificate                                |    |                                   | <input type="checkbox"/> Utility Bill                          |                                     |     | <input type="checkbox"/> Tribal Enrollment Card                                      |                          |  | <input type="checkbox"/> Registration Card # _____  |               |      |  |  |  |
| <input type="checkbox"/> Drivers License                                  |    |                                   | <input type="checkbox"/> Rent Receipt                          |                                     |     | <input type="checkbox"/> CDIB Card or Letter   |                          |  | <input type="checkbox"/> Letter from Sel. Service   |               |      |  |  |  |
| <input type="checkbox"/> School or State ID                               |    |                                   | <input type="checkbox"/> Voters Registration                   |                                     |     | <input type="checkbox"/> Birth Certificate   |                          |  | <input type="checkbox"/> Phone Confirmation   |               |      |  |  |  |
| <input type="checkbox"/> Tribal ID  |    |                                   | <input type="checkbox"/> Other Proof                           |                                     |     | <input type="checkbox"/> Tribal Documents  |                          |  | <input type="checkbox"/> Not Registered   |               |      |  |  |  |
| <input type="checkbox"/> Other ID   |    |                                   |  |                                     |     | <input type="checkbox"/> Other (Ex.Self-Attestation Form)                            |                          |  | <input type="checkbox"/> Other Proof  |               |      |  |  |  |
|   |    |                                   |  |                                     |     |  |                          |  | <input type="checkbox"/> Online Registration  |               |      |  |  |  |
| <i>Low Income</i>   |    |                                   | <i>Unemployed</i>  |                                     |     | <i>Underemployed</i>   |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> Pay Stubs  |    |                                   | <input type="checkbox"/> Unemployed                            |                                     |     | <input type="checkbox"/> Underemployed   |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> Public Assistance                                |    |                                   | <input type="checkbox"/> Letter from State Unemployment Office |                                     |     | <input type="checkbox"/> Working less than full time                                 |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> Other Documentation                              |    |                                   | <input type="checkbox"/> Received Layoff Notice / Dislocated   |                                     |     | <input type="checkbox"/> No advancement potential with current employer w/o training |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> Social Services Emergency Disaster               |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> Homeless   |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> Individual with Disability                       |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |
| <input type="checkbox"/> 70% LLSIL  |    |                                   |  |                                     |     |  |                          |  |   |               |      |  |  |  |

**ELIGIBILITY  
(PLEASE PRINT)**

| Citizenship   | Ethnic Group  | Texas Workforce Commission - TWC  | Selective Service (Males 18-25 Only)  |
|---|---|---|---|
| Are you a citizen of the United States?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Native American<br><input type="checkbox"/> Alaskan<br><input type="checkbox"/> Hawaiian<br><input type="checkbox"/> Other | Are you registered with the Texas Workforce Commission?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you registered with Selective Service?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>Card # _____ |

**WIOA Participation**

If you have ever participated in the WIOA program, please list the dates you were enrolled.

| Start  |    |      | End |    |      | Did you complete the program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|----|------|-----|----|------|-------------------------------|--|
|  |    |      |     |    |      |                               |  |
| MM   | DD | YYYY | MM  | DD | YYYY |                               |  |
| Program Type (Ex. WIOA, Tigua Next Generation) |    |      |     |    |      | Work Site Location            |  |
|  |    |      |     |    |      |                               |  |

**Employed Relatives**

If any of your relatives are employed within a Tribal Agency, please list the following information requested.

| Name | Relationship | Occupation | Tribal Agency |
|------|--------------|------------|---------------|
| 1)   |              |            |               |
| 2)   |              |            |               |
| 3)   |              |            |               |

**FAMILY INCOME  
(PLEASE PRINT)**

| List yourself and all members of your family. An adult handicapped applicant is considered a family of one and needs to complete the application information. | Indicate the relationship of each individual to you. If identifying yourself, please write the word " Self " . | Indicate the source of income for each family member. (Ex. Employer, SSI, SSDI, TANF) | Complete the income for each family member (even if 0) based on their <u>total</u> income for the <u>whole year</u> . |
|---|--|---|---|
| Name  | Relationship   | Source  | Yearly Income   |
| 1)  |  |   | \$  |
| 2)  |  |   | \$  |
| 3)  |  |   | \$  |
| 4)  |  |   | \$  |
| 5)  |  |   | \$  |
| 6)  |  |   | \$  |
| 7)  |  |   | \$  |

**APPLICATION AUTHORIZATION  
(OFFICE USE ONLY)**

**Certification**

I certify that the information on this application is true to the best of my knowledge and that there is no intent on my part to commit fraud. I understand that the information on this application will be used to determine eligibility and that I may be required to prove the accuracy of the information and that the information is subject to verification and may be released for such purposes. I also understand that if I am found ineligible after enrollment, I will be terminated from the program, and that if I am terminated as a result of falsifying information on this application, I may be prosecuted for fraud. I agree to provide information for follow up surveys after I am terminated from training.

|                    |           |                |                   |           |                |
|--------------------|-----------|----------------|-------------------|-----------|----------------|
|                    | Signature | Processed Date |                   | Signature | Processed Date |
| Client             |           |                | Intake Officer    |           |                |
| Parent or Guardian |           |                | Reviewing Officer |           |                |

YSLETA DEL SUR PUEBLO  
 TIGUA INDIAN EMPLOYMENT & TRAINING PROGRAM  
 WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)  
 INDIVIDUAL EMPLOYMENT PLAN (IEP)

| CLIENT INFORMATION<br>(PLEASE PRINT)  |    |      |                   |              |                             |               |  |                       |    |      |
|---|----|------|-------------------|--------------|-----------------------------|---------------|--|-----------------------|----|------|
| <i>Processed Date</i>   |    |      | <i>Phone #</i>    |              | <i>Alternate Phone #</i>    |               |  | <i>Birth Date</i>     |    |      |
| MM  | DD | YYYY |                   |              |                             |               |  | MM                    | DD | YYYY |
| <i>Last Name</i>  |    |      | <i>First Name</i> |              | <i>Middle Name / Suffix</i> |               |  | <i>E-Mail Address</i> |    |      |
|   |    |      |                   |              |                             |               |  |                       |    |      |
| <i>Address</i>  |    |      | <i>City</i>       | <i>State</i> | <i>Zip</i>                  | <i>County</i> |  |                       |    |      |
|   |    |      |                   |              |                             |               |  |                       |    |      |
| SPECIAL SKILLS<br>(PLEASE PRINT)  |    |      |                   |              |                             |               |  |                       |    |      |
| Please list any special skills and/or qualifications that you may have.<br>(Computer Skills, Typing, Driver's License, Food Handler's Card, operate welding equipment, ability to read, write, and speak English and/or Spanish.) |    |      |                   |              |                             |               |  |                       |    |      |
| 1)  |    |      |                   | 4)           |                             |               |  | 7)                    |    |      |
| 2)  |    |      |                   | 5)           |                             |               |  | 8)                    |    |      |
| 3)  |    |      |                   | 6)           |                             |               |  | 9)                    |    |      |
| EDUCATION<br>(PLEASE PRINT)   |    |      |                   |              |                             |               |  |                       |    |      |
| <i>High School</i>  |    |      | <i>Start Date</i> |              | <i>End Date</i>             |               |  | <i>Graduate</i>       |    |      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |    |      | MM                | YYYY         | MM                          | YYYY          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |    |      |
| <i>School Name</i>  |    |      |                   |              | <i>City</i>                 |               | <i>State</i>   | <i>Zip</i>            |    |      |
|   |    |      |                   |              |                             |               |  |                       |    |      |

## Ysleta Del Sur Pueblo Drug Policy

This policy is implemented as part of the tribe's overall program to maintain a drug free work place for the health and safety of its employees, customers and the public, and to prevent civil and criminal liability. This policy covers all employees and prospective employees. It covers the possession, use distribution or sale of drugs and drug paraphernalia within the reservation boundaries. The term drugs refers to those substances regulated under the Texas Controlled Substance Act, Chapter 481, Health and Safety Code, Alcoholic beverages in the ordinary course of business. The use of prescription drugs, which could impair the employee, the employee should inform his/her supervisor.

It is the policy of this tribe that we maintain a drug free work place. No drug or drug use is allowed on the tribe's premises.

In order to implement this policy, the tribe can monitor employees for drug use, conduct drug screening, and search the premises, including employee's personal possessions and vehicles on the premises for drugs or drug paraphernalia. Failure to submit to a search can result in the tribe's refusal to hire or to continue employment, or any other action in conformity with the tribe's disciplinary procedures.

Monitoring of employees may include direct observation and third party reporting of drug possession or use. Observation and third party reporting of drug possession or use. Observation of inconsistent work quality or performance, carelessness or the taking of needless risks, disregard for the safety of others, mood swings, and other indication of drug use may also constitute grounds for further inquiry including testing for drug use. An employee can report concerns or observations to any supervisory personnel. Screening for drugs may be carried out under the following circumstances.

- |                                 |   |
|---------------------------------|---|
| A. Post offer, pre-employment   | D. Upon suspicion of use or possession based on |
| B. After an on-the-job accident | a. Impairment;                                  |
| C. Randomly                     | b. Discovery of drugs on tribal premises; and   |
|                                 | c. Report from third party                      |

The testing may be by any means including blood, hair and urine samples. Testing will be performed by an independent laboratory. Failure to submit to the test will result in the same penalties imposed for a positive test result.

If an employee or prospective employee is found to have drugs in their possession or tests positive for drugs, the tribe may refuse to hire or to continue employment or may take any other action in conformity with the tribe's disciplinary procedures. An employee will be afforded an opportunity to explain a positive test result. The tribe shall make the final determination as to what action will be taken.

I understand that I may be required to submit to drug testing at any time and consent to the taking of samples by an accepted medical method, including blood urine and hair samples.

I understand that my personal belongings, vehicle and person may be searched at any time and consent to allow such searches.

I affirm that I have read and understand the tribe's drug policy as stated in this form and hereby give my consent to be drug tested in order to comply with the tribe's pre-employment requisite.

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Client

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Date

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Parent/Guardian



# Ysleta Del Sur Pueblo

Economic Development Department

9180 Socorro Rd. El Paso, TX 79907 915-859-8151

## Tribe Information

Tribe: Ysleta del Sur Pueblo  
Address: 119 S. Old Pueblo Rd.  
El Paso, TX 79907  
Phone #: 915-859-7913

## Client Information

Client: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

The above mentioned individual is applying for assistance through the WIOA Program and is authorizing the Tribal Records Department of the Ysleta del Sur Pueblo to verify tribal affiliation to participate in this program.

Client's signature authorizing release of information:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

### FOR TRIBAL RECORDS DEPARTMENT USE ONLY

#### Part A:

*The following is the Enrollment Information for the enrolled member of the Ysleta del Sur Pueblo*

*(If the individual is a Tribal Descendant, please refer to Part B.)*

Client is a :  Tribal Member  
 Tribal Descendant

Name on Tribal Rolls: \_\_\_\_\_

Roll # \_\_\_\_\_ Blood Quantum \_\_\_\_\_

File for Individual is :  Complete  Incomplete  
Please indicate Reason:

#### Part B:

Name of Tribal Descendant: \_\_\_\_\_

Blood Quantum \_\_\_\_\_

Name of Tribal Member that Tribal Descendant is claiming through: \_\_\_\_\_

Roll# \_\_\_\_\_ Blood Quantum \_\_\_\_\_

\_\_\_\_\_  
Signature of Tribal Records Department Personnel

\_\_\_\_\_  
Date

**EMPLOYMENT HISTORY  
(MOST RECENT FIRST / PLEASE PRINT)**

|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|------------------------------|--|--|--|--|-------------------|--|--|--|--|-----------------|--|--|--|--|------------|--|--|--|--|------|--|--|--|--|
| <b>Company Name</b>          |  |  |  |  | <b>City</b>       |  |  |  |  | <b>State</b>    |  |  |  |  | <b>Zip</b> |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
| <b>Title / Position</b>      |  |  |  |  | <b>Start Date</b> |  |  |  |  | <b>End Date</b> |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
| <b>Description of Duties</b> |  |  |  |  | MM                |  |  |  |  | YYYY            |  |  |  |  | MM         |  |  |  |  | YYYY |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |

|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|------------------------------|--|--|--|--|-------------------|--|--|--|--|-----------------|--|--|--|--|------------|--|--|--|--|------|--|--|--|--|
| <b>Company Name</b>          |  |  |  |  | <b>City</b>       |  |  |  |  | <b>State</b>    |  |  |  |  | <b>Zip</b> |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
| <b>Title / Position</b>      |  |  |  |  | <b>Start Date</b> |  |  |  |  | <b>End Date</b> |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
| <b>Description of Duties</b> |  |  |  |  | MM                |  |  |  |  | YYYY            |  |  |  |  | MM         |  |  |  |  | YYYY |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |

|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|------------------------------|--|--|--|--|-------------------|--|--|--|--|-----------------|--|--|--|--|------------|--|--|--|--|------|--|--|--|--|
| <b>Company Name</b>          |  |  |  |  | <b>City</b>       |  |  |  |  | <b>State</b>    |  |  |  |  | <b>Zip</b> |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
| <b>Title / Position</b>      |  |  |  |  | <b>Start Date</b> |  |  |  |  | <b>End Date</b> |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
| <b>Description of Duties</b> |  |  |  |  | MM                |  |  |  |  | YYYY            |  |  |  |  | MM         |  |  |  |  | YYYY |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |

|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|------------------------------|--|--|--|--|-------------------|--|--|--|--|-----------------|--|--|--|--|------------|--|--|--|--|------|--|--|--|--|
| <b>Company Name</b>          |  |  |  |  | <b>City</b>       |  |  |  |  | <b>State</b>    |  |  |  |  | <b>Zip</b> |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
| <b>Title / Position</b>      |  |  |  |  | <b>Start Date</b> |  |  |  |  | <b>End Date</b> |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
| <b>Description of Duties</b> |  |  |  |  | MM                |  |  |  |  | YYYY            |  |  |  |  | MM         |  |  |  |  | YYYY |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |
|                              |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |            |  |  |  |  |      |  |  |  |  |

## SELF ASSESSMENT SKILLS

*Please rate yourself below on a scale from 1 - 5 with 1 being the lowest and 5 being the highest.*

|                              |                               |                                    |
|------------------------------|-------------------------------|------------------------------------|
| <b>Math</b>                  | <b>Reading</b>                | <b>Writing</b>                     |
| 1   2   3   4   5            | 1   2   3   4   5             | 1   2   3   4   5                  |
| <b>English Language</b>      | <b>Spanish Language</b>       | <b>Computer Fundamentals</b>       |
| 1   2   3   4   5            | 1   2   3   4   5             | 1   2   3   4   5                  |
| <b>Typing</b>                | <b>Internet</b>               | <b>E-Mail</b>                      |
| 1   2   3   4   5            | 1   2   3   4   5             | 1   2   3   4   5                  |
| <b>Microsoft Office Word</b> | <b>Microsoft Office Excel</b> | <b>Microsoft Office PowerPoint</b> |
| 1   2   3   4   5            | 1   2   3   4   5             | 1   2   3   4   5                  |
| <b>Attendance</b>            | <b>Punctuality</b>            | <b>Grooming &amp; Appearance</b>   |
| 1   2   3   4   5            | 1   2   3   4   5             | 1   2   3   4   5                  |

### PLEASE ANSWER THE FOLLOWING QUESTIONS (PLEASE PRINT)

|  |  |   |   |
|--|--|---|---|
| <b>1) What kind of work do you do now?</b>   | <b>2) What kind of work do you want in the future?</b>   | <b>3) What types of jobs are in your community?</b>   |   |
|  |  |   |   |
| <b>4) Where do you live now?</b>   | <b>5) Where do you want to live in the future?</b>   | <b>6) How do you get around the community?</b>  |   |
| <input type="checkbox"/> On My Own <input type="checkbox"/> With Family<br><input type="checkbox"/> Group Home <input type="checkbox"/> With Roommate(s)<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> On My Own <input type="checkbox"/> With Family<br><input type="checkbox"/> Group Home <input type="checkbox"/> With Roommate(s)<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Own Vehicle <input type="checkbox"/> Bus<br><input type="checkbox"/> Parent <input type="checkbox"/> Bike<br><input type="checkbox"/> Friend <input type="checkbox"/> Walk |   |
| <b>7) Do you need help with:</b>   | <b>8) Do you have problems:</b>  | <b>9) Are you under Doctors Care?</b>   |   |
| <input type="checkbox"/> Job Search <input type="checkbox"/> Resume<br><input type="checkbox"/> Money Management <input type="checkbox"/> Transportation<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Standing <input type="checkbox"/> Sitting<br><input type="checkbox"/> Lifting <input type="checkbox"/> Crouching<br><input type="checkbox"/> Other or N/A _____         | <div style="text-align: right;"><i>Explanation</i></div> <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No _____  |   |
| <b>10) Would you walk to work?</b>   | <b>11) Do you want to work:</b>  | <b>12) How long can you work?</b>   | <b>13) What shift(s) can you work?</b>  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> On your own<br><input type="checkbox"/> With Others   | <input type="checkbox"/> 4-6 Hours (part-time)<br><input type="checkbox"/> 7-8 Hours (full-time)  | <input type="checkbox"/> Day <input type="checkbox"/> Evening<br><input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends |