



Orange County One-Stop Center INFORMATIONAL FORM

Last Name _____ First Name _____ MI _____

Social Security Number _____ Gender: Male Female

Address _____ City _____ Zip Code _____

Phone Number (____) _____ Date of Birth _____ Age _____

Highest grade completed _____ E-mail _____ Registered in CalJOBS Yes No

Are you a (Check one) Citizen Legal Resident Authorized to work in the U.S.

Have you registered for Selective Service? (Males born after 1959) Yes No N/A

Are you a Veteran? Yes No If yes, Dates of Service _____

Are you a Disabled Veteran? Yes No Recently Separated Veteran (within the last 4 years)? Yes No

RACE (Check all that apply)

African American/Black American Indian/Alaskan Native Asian Hawaiian/Other Pacific Islander White

I do not wish to answer Languages Spoken: _____

INCOME (Check all that apply)

of family members living in household _____ Head of household? Yes No Gross Family Income (Last 6 months) \$ _____

Are you receiving? Unemployment Insurance SSDI Workers Comp SSI TANF Food Stamps Voc Rehab Assistance

EMPLOYMENT STATUS (Check all that apply)

Are you? Unemployed Employed (P/T) Employed (F/T) Farmworker Employed but received layoff notice

Are you a College/Adult Education student? Yes No If yes, which school are you attending? _____

Are you currently receiving or using any other job search assistance? Yes No Where? _____

Did you receive One-Stop information at your worksite prior to layoff? Yes No N/A Attached resume (CalJOBS/personal)

BARRIERS/FACTORS RELATED TO EMPLOYABILITY & JOB RETENTION (Please check all that apply)

Barriers	Factors Related to Employability & Job Retention	Other Needs <i>(for identification and referral purposes)</i>
<input type="checkbox"/> Age	<input type="checkbox"/> Current Marketable Skills	<input type="checkbox"/> Automotive
<input type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> Education	<input type="checkbox"/> Books/School Supplies
<input type="checkbox"/> Disabled	<input type="checkbox"/> Finances	<input type="checkbox"/> Certificates/Licenses
<input type="checkbox"/> Foster/Emancipated	<input type="checkbox"/> Grooming/Hygiene	<input type="checkbox"/> Childcare
<input type="checkbox"/> High School Dropout	<input type="checkbox"/> Health or Physical Limitations	<input type="checkbox"/> Clothing/Shoes/Uniforms
<input type="checkbox"/> Homeless	<input type="checkbox"/> Job/Occupational Skills	<input type="checkbox"/> DMV
<input type="checkbox"/> Limited English	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Dry Cleaning
<input type="checkbox"/> Offender	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Food
<input type="checkbox"/> Single Parent		<input type="checkbox"/> Health Services
<input type="checkbox"/> Substance Abuse		<input type="checkbox"/> Hotel/Motel Vouchers
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Housing
		<input type="checkbox"/> Transportation
		<input type="checkbox"/> Tools/Professional Supplies
		<input type="checkbox"/> Utilities
		<input type="checkbox"/> Other: _____

SERVICES NEEDED (Check all that apply)

Job Listings Job Search Assistance Resume Assistance Workshops (other than resume) Skills Assessment Internet Access

Unemployment Insurance Employment Development Department (EDD) Other _____

Information about: Labor Market/Industry Sectors Non-Traditional Careers Training Financial Aid Program Eligibility

Career Pathways Adult Education Vocational Rehab TANF Other _____

RELEASE OF INFORMATION

I understand it might be necessary to share my information to help me find a job. Therefore, I give permission for my information to be shared by the One-Stop Center partner agencies staff only. I also authorize EDD to release information regarding the status of my unemployment claim to the County of Orange Workforce Innovation and Opportunity Act (WIOA) representatives who will assist in the processing of my program eligibility and employment status. I understand that any information I have supplied is subject to verification and can be used to determine program eligibility.

Signature: _____

Date: _____