

APPLICANT INTERVIEW QUESTIONNAIRE

Name: SSN:				
Street Address:				
City:	State:		Zip:	
County Age:	DOB:	Gender	•	
Mobile #: <i>A</i>	Alternate #:			
Email: *Note: If your mailing address is different from the resid comments section below.	lential address listed abov	e, please put your m	ailing addr	ess in the
1. Have you applied or been denied for WIA/V	WIOA before?		□ Yes	□ No
2. What is your highest education level achiev	red?			
3. Are you currently attending school? If yes,	please answer the que	estions below.	□ Yes	□ No
Name of School?				
What is your major?				
When do you expect to finish?				
Are you taking remedial classes? \square Yes \square N	o Are you taking o	only core classes?	□ Yes	□ No
Are you in good academic/financial standing?	□ Yes □ No			
4. Do you currently hold or have you, in the pa	ast, earned a Certifica	tion, Diploma, or	Degree?	
\square Yes \square No If yes , in what filed and when	was it awarded?			
5. Have you applied and/or received HOPE Gr	rant?		□ Yes	□ No
6. Have you been denied or lost HOPE?	□ Yes □ No	If yes, when?		
7. Have you applied and/or received PELL Gr	ant? □ Yes □ No	If no, why?		
 8. Do you have a loan that is considered in def 9. Are you employed now? ☐ Yes ☐ No If No, have you worked in the past 6 months? 10. Are you married? ☐ Yes ☐ No If yes, you 	If yes, what is your Yes No	·	□ Yes	□ No

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11	. What do you expect your hourly income to be follo	owing training?					
12	. What is the number of people living in your house	hold?					
# 0	of Adults: # of Children:						
13. Are any of the children under 13 years of age? \Box Yes \Box No							
14. Please check the appropriate box that is closest to your annual family income.							
	$0 - 10,000$ $\square 11,000-20,000$ $\square 21,000-30,000$ $\square 3$	1,000-40,000	\Box 51,000 – and up				
15	. Do you receive SNAP/TANF/Food Stamps?		□ Yes □ No				
16	. Does DFCS or other agency assist you with transp	ortation or childcare costs?	☐ Yes ☐ No				
If	yes, please fill out the following information:						
Ag	gency Name:	Childcare Amount:					
Ar	mount Not Covered:	Transportation:					
17	. Have you been laid off from a job? \square Yes \square N	o If yes , please fill out the b	pelow information.				
Co	ompany Name:	Date of Layoff:					
Do	you have a separation notice?		\square Yes \square No				
In	which county were you laid off?						
Are you receiving unemployment? ☐ Yes ☐ No Currently looking for work? ☐ Yes ☐ No							
18. Have you performed work as a farm worker or food processor, include packing houses, nurseries, or orchards, for at least 25 days within the past 12 months? ☐ Yes ☐ No If yes, please answer the following questions:							
a)	Was at least 50% of your income earned from farm work or food processing? \Box Yes \Box No						
b)	Were you employed year-round in farm work or in food processing by the same employer/farm? ☐ Yes ☐ No						
c)	Have you traveled to do farm work or food processing and were unable to return to your permanent residence within the same day? \square Yes \square No						
d)	Are you a full-time student? \square Yes \square No						
e)	Did you work in an establishment primarily engaged in manufacturing of frozen fruits, vegetables, juices, drinks, cocktail mixes and concentrates? \square Yes \square No						
f)	Did you work in an establishment primarily engaged in slaughtering animals (except poultry and small game)? Establishments that slaughter and prepare meats are included in this industry. Yes □ No						

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g)	Did you work in an establishment print fruits and vegetables? Examples of pro- jams and jellies; canned tomato-based tomato paste; pickles, relishes, and sau	oducts made in these establishments as sauces, such as catsup, salsa, chili, sp	re canned juices	; canned				
19.	19. Have you ever been convicted of a misdemeanor or felony?			□ No				
If s	so, what were you convicted of?							
20.	. Are you a veteran? \square Yes \square No	If yes, please fill out the inform	nation below.					
a)	Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? \square Yes \square No							
b)	Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? \square Yes \square No							
c)	Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? Yes No							
**	We will need a copy of your DD214.							
21.	21. Would you have any problems getting to and from school?			\square No				
22. Would you be willing to move to find suitable employment?		☐ Yes	\square No					
23. Do you have plans to move from the area after completing your training?		☐ Yes	\square No					
24. Have you discussed job prospects with anyone?		☐ Yes	□ No					
		☐ Yes	□ No					
25. Are you a United States Citizen?		☐ Yes	□ No					
26. Are you authorized to work in the United States?		□ Yes	□ No					
21.	. Are you of Hispanic or Latino heritage	? <i>!</i>						
	. Race – Please check one: African American/Black	☐ American Indian/Alaskan Native	□Asian					
	Hawaiian/Other Pacific Islander		do not wish to	answer				
29.	. Considered to have a disability?	☐ Yes ☐ No ☐Do no w	vith to identify					
30.	. Are you homeless? ☐ Yes ☐ No							
31.	. Please provide a reliable alternate cont	act.						
Na	me of Person:	Phone Number:						
Sign	nature:	Date:						