

## Job Point Questionnaire for Services

**Instructions:** There is a Job Point program for everyone. Please make sure to fill in each item completely as it helps us in reviewing your questionnaire for our services. We want to be able to provide the best services for you. If an item does not apply to you, please fill in the blank with "N/A". If you have any questions please call us at (573) 474-8560. Upon completion, submit this questionnaire to our office at 400 Wilkes Blvd., Columbia, MO 65201. Questionnaires are accepted for all programs on an on-going basis. Questionnaires received less than two weeks prior to program start may be held until next scheduled class.

Job Point is an equal opportunity employer/organization. Auxiliary aids and services are available upon request to individuals with disabilities. For Missouri Relay Services call 711. If needed, contact our Compliance Officer at 573-474-8560 for assistance in the translation and understanding of the information in the document(s) you have received. Si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, llame al Oficial de Cumplimiento 574-474-8560.

### GENERAL INFORMATION

Date \_\_\_\_\_ Who Referred you to Job Point? \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI Nickname

Other previous last names \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

County of Residence \_\_\_\_\_ Facebook Contact \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ Message Phone( ) \_\_\_\_\_

Cell Phone( ) \_\_\_\_\_ May communicate with you by text? Yes  No

E-Mail Address \_\_\_\_\_

Social Security Number - - Date of Birth \_\_\_/\_\_\_/\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Non-binary/third gender \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

Race: Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Caucasian \_\_\_\_\_ Native American/Alaskan \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_ Other/Multiple \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ Not Hispanic \_\_\_\_\_

Country of origin \_\_\_\_\_ Native Language \_\_\_\_\_

Limited English Proficiency Yes  No

## JOB POINT PROGRAM/SERVICES

Which Job Point program are you interested in attending?

- |   |  |
|---|--|
| <input type="checkbox"/> Carpentry                        | <input type="checkbox"/> Certified Nursing Assistant |
| <input type="checkbox"/> Highway/Heavy Construction       | <input type="checkbox"/> HVAC                        |
| <input type="checkbox"/> Office Technology/Office Support | <input type="checkbox"/> Retail Sales                |
| <input type="checkbox"/> YouthBuild/AmeriCorps            | <input type="checkbox"/> Warehouse                   |
- Employment Services/Job Works Job Readiness--Please indicate one of the following categories:  
 Person with a Disability  
 Person with a Ticket to Work (SSDI Recipients)  
 Person with Social, Legal, Economic, or Educational Disadvantage

Can you attend day classes? Yes  No  Evening classes? Yes  No

How were you informed about Job Point programs?

- Friend  TV/Radio  Newspaper  Flyer/Brochure  Agency/Organization  
 Job Point Website  Social Media (Facebook, Twitter)  Search Engine (Google, Safari)

Have you seen a Job Point advertisement? If so, where?

- TV/Radio  Social Media (Facebook, Twitter)  
 Search Engine (Google)  Newspaper/Magazine

What are your job goals?

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What do you need to reach your job goals, and how would you like us to help?

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What challenges, or barriers do you feel might affect your ability to achieve your goals?

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What are your strengths?

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## WORK HISTORY

Are you currently employed? Yes  No

Name of employer \_\_\_\_\_ Date Started \_\_\_\_\_  
Current Salary \_\_\_\_\_ Number of hours you work each week \_\_\_\_\_

If not employed, what dates did you last work? FROM \_\_\_\_\_ TO \_\_\_\_\_

Name of employer \_\_\_\_\_

Other experience/skills gained through employment and/or volunteering: \_\_\_\_\_

Have you registered with the Selective Service (Draft)? Yes  No

Veteran/Eligible Spouse Yes  No  If Veteran or Active Duty, please list service and dates:

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Name of High School Attended City State Country

High School Diploma: Yes  No  Year: \_\_\_\_\_

HS Equivalency (GED or Hi-Set): Yes  No  Year: \_\_\_\_\_

Special Ed./ IEP/ 504 Plan: Yes  No

What is the highest grade level you completed? 1 2 3 4 5 6 7 8 9 10 11 12 (circle one)

If you did not complete high school or obtain an equivalency certificate, why did you drop out? \_\_\_\_\_

Have you attended Job Point previously? Yes  No  If so, what program? \_\_\_\_\_

Are you now, or have you been enrolled in college? Yes  No

If so, name of College(s) and hours completed or degree earned \_\_\_\_\_

Other Pertinent Education, Training, Certificate Information: \_\_\_\_\_

In reference to employment, please list any cultural preferences, or factors to be considered. (Re: ethnic, religion, generational, dress codes, communication, etc.):

## HOUSEHOLD AND FINANCIAL INFORMATION

Indicate your Current Living Status:

\_\_\_\_\_ Home or Apartment      \_\_\_\_\_ Public Housing      \_\_\_\_\_ Homeless Shelter  
\_\_\_\_\_ Living with family      \_\_\_\_\_ Living Alone      \_\_\_\_\_ Living with Friends  
\_\_\_\_\_ Homeless      \_\_\_\_\_ Living in a Halfway House  
\_\_\_\_\_ Foster Care      \_\_\_\_\_ Supported Living/ISL  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Do you feel safe and secure in your current living arrangement? Yes  No

What is your household's annual income? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

What is their relationship to you?

\_\_\_\_\_

\_\_\_\_\_

**List Your Children**

Name	Age	Do they live with you?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you receiving child support? Yes  No  Are you paying child support? Yes  No

Do you currently have daycare arrangements? Yes  No  N/A

**Are you or your parents receiving:**

- |  |          |  |          |
|--|----------|--|----------|
| <input type="checkbox"/> TANF              | \$ _____ | <input type="checkbox"/> Unemployment          | \$ _____ |
| <input type="checkbox"/> Food Stamps/SNAP  | \$ _____ | <input type="checkbox"/> SSI                   | \$ _____ |
| <input type="checkbox"/> WIC               | \$ _____ | <input type="checkbox"/> SSDI                  | \$ _____ |
| <input type="checkbox"/> Section 8-Housing | \$ _____ | <input type="checkbox"/> Other: Explain: _____ |          |
| <input type="checkbox"/> Public Housing    | \$ _____ |  |          |

**Is your child's mother/father receiving:**

- |  |          |  |          |
|--|----------|--|----------|
| <input type="checkbox"/> TANF              | \$ _____ | <input type="checkbox"/> Unemployment          | \$ _____ |
| <input type="checkbox"/> Food Stamps/SNAP  | \$ _____ | <input type="checkbox"/> SSI                   | \$ _____ |
| <input type="checkbox"/> WIC               | \$ _____ | <input type="checkbox"/> SSDI                  | \$ _____ |
| <input type="checkbox"/> Section 8-Housing | \$ _____ | <input type="checkbox"/> Other: Explain: _____ |          |
| <input type="checkbox"/> Public Housing    | \$ _____ |  |          |

If you receive SSI or SSDI, would you like to speak with a Benefits Specialist about benefits planning/Ticket to Work? Yes  No

**TRANSPORTATION**

Do you own a car? Yes  No

Do you know how to drive? Yes  No

Do you have a valid driver's permit? Yes  No

Do you have a valid MO Driver's License? Yes  No

Do you have a valid Driver's License from another state? Yes  No

How will you get to and from Job Point, and/or, to/from a job each day? \_\_\_\_\_  
\_\_\_\_\_

### LEGAL HISTORY

- Have you ever been arrested? Yes  No   
Have you ever been convicted of a Misdemeanor? Yes  No   
Have you ever been convicted of a Felony? Yes  No   
Have you ever been on Probation/Parole? Yes  No

If yes to any of the above, please explain:  
What was the charge?

When did it occur?

_____	_____
_____	_____
_____	_____

Were you ever at a Juvenile Detention Center? Yes  No  If yes, when & where \_\_\_\_\_

Were you ever at an Adult Correctional Facility? Yes  No  If yes, when & where \_\_\_\_\_

Are you currently on probation? Yes  No  If yes, Probation Officer Name \_\_\_\_\_  
Release date: \_\_\_\_\_

Are you currently on parole? Yes  No  If yes, Parole Officer Name \_\_\_\_\_  
Release date: \_\_\_\_\_

Are you involved in or have you received services through a reintegration aftercare program? Yes  No

If you have a case pending, please list the following:

Charge: \_\_\_\_\_

Location: \_\_\_\_\_

Date determination will be made: \_\_\_\_\_

Have you lost voting rights? Yes  No

Do you have a Good Cause Waiver issued through MO Department of Health and Senior Services?  
Yes  No

### LIVING SKILLS

Please check all areas you would identify as weaknesses, and your need for support in identifying or accessing resources:

- |  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> Budgeting/Financial Planning  | <input type="checkbox"/> Transportation    | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Household Skills      | <input type="checkbox"/> Cooking            |
| <input type="checkbox"/> Grooming                      | <input type="checkbox"/> Hygiene           | <input type="checkbox"/> Community Orientation                     | <input type="checkbox"/> Mobility in Community | <input type="checkbox"/> Leisure Activities |
| <input type="checkbox"/> Sex Education/Family Planning | <input type="checkbox"/> Physical Health   | <input type="checkbox"/> Mental Health                             | <input type="checkbox"/> Advocacy              |   |
| <input type="checkbox"/> Substance Dependence          | <input type="checkbox"/> Educational Goals | <input type="checkbox"/> Use of technology (computer, phone, etc.) |  |   |

Please explain areas checked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your leisure activities, interests, and hobbies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION**

Do you have a legal guardian? If so, please indicate Guardian Contact Information:

Contact Person \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

List others who should be contacted in the case of an emergency:

Contact Person \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Contact Person \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Contact Person \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Contact Person \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

## Employment Eligibility Verification Checklist

Instructions: You will be required to provide one document from List A and check the appropriate box for which document you will bring to enroll in Job Point OR you will need to bring one document from List B AND one document from List C and check the appropriate boxes for the documents you will bring to enroll in Job Point.

List A	List B	List C
Documents that Establish Identity and Employment Eligibility	Documents That Establish Identity	Document that Establish Employment Eligibility
____ 1. U.S. Passport	____ 1. A State-issued license or a State-issued I.D. card with a photograph, or information including name, sex, date of birth, height, weight, and color of eyes. (Specify state _____)	____ 1. Original Social Security Number Card (other than a card stating it is not valid for employment)
____ 2. Certificate of U.S. Citizenship		
____ 3. Certificate of naturalization		
____ 4. Unexpired foreign passport with attached Employment Authorization	____ 2. U.S. Military Card	____ 2. A birth certificate issued by State, county of municipal authority bearing a seal or other certification
____ 5. Alien Registration Card with photograph	____ 3. Other (Specify document and issuing authority)	____ 3. Unexpired Ins. Employment Authorization

In signing this application, I submit that I have answered all of the questions accurately. I understand that entering false information on this form may be grounds for denial of entry to the program or dismissal from the program.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Guardian's Signature (if minor) Date

Name \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH INFORMATION FORM**

Do you have any physical, medical or other health conditions that may interfere with your ability to work?

Yes  No  If yes, please describe \_\_\_\_\_

Please list any potential health, and/or safety risks we should be aware of:

Do you have health insurance? Yes  No  If yes, company name? \_\_\_\_\_

Have you ever had a physical examination? Yes  No  If yes, date of last physical exam \_\_\_\_\_

Do you have a doctor? Yes  No  If yes, Dr. Name \_\_\_\_\_

Do you have any allergies? Yes  No  If yes, List \_\_\_\_\_

Are you taking any doctor prescribed medications? Yes  No  If yes, List \_\_\_\_\_

Have you ever received treatment or been hospitalized for a mental illness? Yes  No

If yes, when and where? \_\_\_\_\_

Hearing Issues? Yes  No  Vision Issues? Yes  No

Are you pregnant? Yes  No  N/A  If yes, how far along? \_\_\_\_\_

Are you currently in a program or in need of counseling for an addiction such as tobacco, alcohol or drugs? Yes  No  If yes, Name

of program & counselor \_\_\_\_\_

How long have you maintained sobriety? \_\_\_\_\_

Who supports you in a crisis? \_\_\_\_\_

Have you ever received services from the Department of Vocational Rehabilitation/VR Counselor?

Yes  No

If so, when, and where is their office located? \_\_\_\_\_

Name of Vocational Rehabilitation Counselor \_\_\_\_\_

What other agencies are you currently working with?

To help you succeed, are there any specific accommodations, or additional supports you may need?



**\*\*\*Only to be Completed by YouthBuild/AmeriCorps Candidates\*\*\***

**CRIMINAL HISTORY CONSENT**

- A. The Youthbuild/AmeriCorps member authorizes the program to perform a criminal history check to determine if he/she meets the eligibility requirements of CNCS and the program for this AmeriCorps position. The information reviewed from this check will include but not be limited to allegations and convictions for crimes committed and will be gathered to the extent permitted by state and federal law. The results of these checks will be kept confidential and in a secure location. The member will have an opportunity to review and challenge the factual accuracy of the report before action is taken to exclude him/her from the position.
- B. This criminal history check will consist of the following:
- A check of the Missouri State Highway Patrol for the state of Missouri and, if different, for the state in which I reside/resided at the time of application.
  - A National Sex Offender Public Website (NSOPW) check and
  - A fingerprint-based FBI records check.
- C. As a candidate for an AmeriCorps member position, the member understands and acknowledges that acceptance as an AmeriCorps member is contingent upon the organization's review of one's criminal history and that **refusal** to consent to the above checks makes the member ineligible to serve. In addition:
- Anyone listed or required to be listed on a sex offender registry/website is ineligible to serve.
  - Anyone convicted of murder is ineligible to serve.
- D. Lastly, the member understands that while waiting for the results of the criminal history checks, he/she is not permitted to be unsupervised on service sites.

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<b>Candidate Print Name</b>	<b>Candidate Signature</b>	<b>Date</b>
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If applicant is under 18 years old Parent or Guardian Authorization is needed

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<b>Signature of Parent or Guardian</b>	<b>Date</b>
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**Parent/Guardian Name**  
**(Print):** \_\_\_\_\_