

CareerForce in Chaska Information Form

Please fill in the information below so we can better serve your employment needs. Everything you tell us will be kept private except when we are required by law to share the information. Let us know if you need help filling out this form, and someone will assist you.

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden or other names known by: _____

Street Address: _____ City: _____

County: _____ Zip Code: _____ Phone #: _____

Birthdate: _____ Gender: _____ E-mail Address: _____

Please check any of the following services you would like to receive or obtain more information on:

- Job Listings** – specific information on current job vacancies
- Job Search Assistance** – specific assistance in finding a job
- Labor Market Information** – basic information on the types of employment opportunities
- Career Information** – comprehensive information about career areas and job categories, future outlooks for employment by area, typical job duties, & skills needed to be hired
- Career Counseling** – assistance in identifying interests, aptitudes, & preferences in determining a career path
- Resume Development** – help in developing or refining a resume
- Unemployment Insurance information** – temporary financial assistance for eligible unemployed individuals while looking for work
- Training / Other Employment Needs** – please explain: _____

- Youth Program Services / Training** – 16 to 24 years of age
- Veteran** **Spouse eligible for veteran's benefits** **Not Veteran**

All of these services are free to the public. If you would like to see if you qualify for targeted services which could include career guidance, payment for vocational training & necessary support services, please complete the back side of this form.

Targeted Services Questions:

Yes No Currently employed? If yes, Full Time Part Time

If no, **Job Ended on:** _____ Due to the following reason: (please select)

- Layoff due to downsizing or business closure Position Elimination Restructure Termination
 Seasonal Temporary Lay Off Other _____

My last job was at: _____

Located in (city): _____ (state): _____ Ending Salary / Wage: \$ _____

Yes No Are you eligible to receive **Unemployment Insurance** benefits? If yes, date filed _____

Yes No Have you received a notice of lay-off or been laid off from work in the last 2 years?

If yes, How many people were laid off with you? _____ Are you receiving severance pay? Yes No

Yes No Is your employer going to call you back to work?

What is your primary occupation? _____

How long have you been working in your primary occupation? _____

Yes No Have you been unemployed for at least 15 weeks from your primary occupation?

Additional Services Available: (if applicable)

Yes No Do you need special accommodations? If yes, please describe _____

Yes No Interpreter / Language _____

Yes No Are you a member of a family receiving cash assistance, food stamps or SSI?

Yes No Do you have a physical or mental disability that may limit your work activity?

If yes, please describe: _____

Yes No Have you ever been convicted of a crime?

Other needs: _____

Family Size – list the number of all the persons living in your household who are related to each other by blood, marriage or adoption: _____

Income – list the actual income of all family members in the last 6 months: _____

Source of income: _____

I confirm that the information provided above is accurate and true to the best of my knowledge.

Signature: _____ **Date** _____