

Individualized Career Services Packet Instructions:



**THIS FILE MUST BE DOWNLOADED TO YOUR COMPUTER
IN ORDER TO BE FILLED OUT PROPERLY
PLEASE SEE DOWNLOAD INSTRUCTIONS ON OUR WEBSITE**

The Individualized Career Services Packet is intended to help staff determine an individual's suitability and eligibility for services. Please print and complete the packet as thoroughly as possible.

Once Packet is complete you can:

1. Scan the entire packet to:
info@sjcworknet.org
2. Save the completed electronic fillable PDF and submit to:
info@sjcworknet.org
3. Mail the entire Packet to:
56 S. Lincoln Street
Stockton CA 95203
4. Drop off the Packet at the
Stockton WorkNet Center,
56 S. Lincoln Street
Stockton Ca 95204

If you are unable to print or electronically fill out the packet, please call 209-468-3500 and a staff member will be able to assist you with completing the packet.

Welcome to WorkNet

**A Proud Partner of
America's Job Center of California**

Intensive Service Process	Intensive Service Application Packet ✓ Check off as you complete:
<ul style="list-style-type: none">• Orientation• Register at www.caljobs.ca.gov• Intensive Service Application Review• Certification/CASAS Testing• Comprehensive Assessment (Career Scope & Work Keys)• Individual Employability Plan (with Case Manager)• Career Track or Job Track• Employment	<ul style="list-style-type: none">() Complete Cal Jobs Registration() Complete Background Wizard on Cal Jobs (print and attach)() Attach Updated Cal Jobs Resume() Complete Pre-eligibility Worksheet for WIOA() Complete and attach Questionnaire() Complete Generic Application legibly() Selective Service Verification (www.sss.gov) (This only apply for Males born after 1960)

Upon completion of packet, return it to any WorkNet center. You will be contacted by phone and/or e-mail for the next step in your process. Please be advised that completing all of these steps does not guarantee you will be selected for training or additional services.

Customer Name: _____ Best contact # to reach you: _____

Last 4 of SS# _____

FOR STAFF USE ONLY:

Received by: (Staff Name) _____ (Date): _____

Packet Assigned to: (Staff Name) _____ Date: _____

Reviewed by Case Manager for packet completeness: _____

Complete, forwarded back to Clerical Staff : () Job Track () Career Track () Not Yet

Initial/Date: _____

() Referred Out Reason:

Packet Assigned for Certification: _____ Date: _____

If Certification is not Scheduled, forwarded back to Clerical: () No Show () No Call () Ineligible

EXAMPLE

How to fill out the Family Income WorkSheet on the next page.

Wages: This is any money you made working

UIB: This stands for Unemployment Insurance Benefits.
This is money you received from Unemployment

Other: Food Stamps/SNAP, General Relief or Cash Aid.

Month 6 is the current month

In the last 6 months you were working and were laid off from your job 3 months ago. You were making \$10 an hour for 40 hours a week. $4000 \times 4 \text{ weeks} = \1600

And now you are receiving \$150 a week on unemployment.
 $150 \times 4 \text{ weeks} = \600

	WAGES			UIB	OTHER
Month 1	1600				
Month 2	1600				
Month 3	1600				
Month 4				600	
Month 5				600	
Month 6				600	
	4800			1800	

✓ MAKE SURE YOUR PACKET IS FILLED OUT COMPLETELY.

INCOMPLETE PACKETS WILL DELAY THE PROCESS OR
NOT BE PROCESSED AT ALL.

Pre-Eligibility Worksheet for WIOA

Name: _____ Date: _____

Are you currently receiving Cash Aid, Food Stamps or General Assistance? () Yes () No

Are you between the ages of 18-21? () Yes () No

If yes, have you obtained your high school diploma or GED? () Yes () No

Are you a citizen of the United States? () Yes () No

Do you have the right to work in the United States? () Yes () No

Are you a male born on or after January 1, 1960? () Yes () No

If yes, are you registered with Selective Service? () Yes () No

✓ If yes, please attach Registration printout from www.sss.gov, verifying that you are registered.

Were you laid off or terminated from your last job? () Yes () No

If yes, please attach employer letter or unemployment verification.

Are you receiving unemployment insurance benefits? () Yes () No

Please provide the number in your family currently residing in the household including yourself. _____

Please include only self, spouse and minor children (17 & under) residing in home related to you by blood, marriage or adoption.

Family Income: Please check all that apply and enter the amount of income received for the past 6 months.

Please be prepared to provide verification of each source of income you have received in the past 6 months. For wages, acceptable documents include W-2, paystub with YTD amount listed.

Month	Your Wages	Spouse Wages	SSA Retirement	Regular Pension/ Retirement	SSA Survivors	Child Support	UIB	Cash Aid Assistance	Other Countable Income	Other Non-Countable Income
1										
2										
3										
4										
5										
6										
Total										

STAFF USE ONLY: Appears Eligible: () ADULT () DISLOCATED WORKER () INELIGIBLE /REFERRED OUT

QUESTIONNAIRE

Name: _____ Date: _____

SERVICES DESIRED

- | | |
|---|--|
| <input type="checkbox"/> Identifying Career Interests & Goals | <input type="checkbox"/> On the Job Training |
| <input type="checkbox"/> Skills & Abilities Assessment | <input type="checkbox"/> Job Search Resources |
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Vocational Training Options |
| <input type="checkbox"/> Labor Market Information | <input type="checkbox"/> Unemployment Insurance Assistance |
| <input type="checkbox"/> Help with Interviewing | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Help with Resume Writing | |

Social Services Information: ☐ Food stamps ☐ Public Assistance ☐ Medi – Cal or Health Insurance
☐ Veterans Services ☐ Farm Worker Services ☐ Child Support

Other: _____

EDUCATION

High School Diploma/GED: ☐ Yes ☐ No If no, reason for dropping out: _____

Are you currently attending school ☐ Yes ☐ No If yes, name of school: _____

Last grade completed and date last attended school: _____ grade _____ date

Post-Secondary Education: ☐ Yes ☐ No Major: _____

Please list Vocational Training Certificates you have received even if expired:

What languages do you speak fluently? ☐ English ☐ Others _____

Are you a Veteran? ☐ Yes ☐ No

Military Training? ☐ Yes ☐ No

List Training received in Military:

JOB READINESS

Employment Background: (check if applicable)

_____ Currently employed and not making self-sufficient wage to make ends meet.

_____ Currently employed and not happy with current employment.

_____ Currently unemployed.

If unemployed, how long have you been unemployed? _____

Reason for present unemployment? _____

Are you **ACTIVELY** seeking employment? () Yes () No

If yes, please answer the following:

Have you ever had your resume critiqued by someone professional? _____

How often, do you search for work? _____

What kind of search do you do? () newspaper ads () online sites () door to door

() random from the phone book () Other: _____

What kind of job are you seeking? _____

What skills do you have related to the work you are seeking?

What experience do you have related to the work you are seeking?

Other skills or experience you have aside from those already listed?

Indicate lowest wage you will accept:

In your observation of yourself, please √ those that best describes you:

√	I am:	√	I am:
	Team Player, I like to work with a team		Independent worker, I like to work alone
	Punctual, I am never late		I am late often due to lack of transportation or other issues.
	Dependable, I rarely miss a day of work		I miss work often due to lack of transportation or other issues.
	Social person, I like to be around others and like to have communication and interaction during my day on the job.		I like to come in, get my work done and go home with the most minimal social interaction as possible
	I try hard to reach my highest potential and I am always looking for a promotional opportunity.		I am satisfied with being front line staff and don't really try to move up.

In your observation of the circumstances you are currently experiencing, which do you feel make it difficult for you to find or keep a job or complete training. Check √ those that apply:

	I live in an isolated area		My skills are rusty.		I have financial difficulties
	I experience age discrimination		There are no jobs in my field		I lack adequate food
	I lack confidence		I have no telephone		I lack proper clothing for work
	I have a low credit score		I lack required tools for the job I am qualified for		I have been long term unemployed.
	I cannot decide what type of work I want		I need child care assistance		I have no transportation
	I lack vocational training and/or education		I have gaps in my employment history		I lack motivation
	I am limited English speaking		I lack family support		I am unable to pass a criminal background check
	I have no work experience		I have no work experience		I am homeless

Is there any other information or situation that you feel may impact your ability to obtain employment or attend training? If yes, please explain:

TRANSPORTATION

Do you have reliable transportation? () Yes () No

Type: () I have my own car () I rely on the use of someone else's vehicle.

If you are seeking employment as a Driver, please answer the following:

Do you have a current valid CA driver's license? () Yes () No Class: () C () B () A

If No, explain why:

Have you ever held any other class license besides a C (general license) in the past? () Yes () No

If so, what class and why do you no longer possess that license:

How far are you willing or able to travel to accept employment?

() Within San Joaquin County (Stockton, Manteca, Lodi, Tracy)

() Only in the local city I live in which is _____

() Outside of San Joaquin County up to _____ miles.

CHILD CARE

Number of Dependent Children: _____ Please Provide the following information for each child

Age	School Status—Please Check One
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school
	() Infant to preschool () elementary school () middle school () high school () out of school

Describe your child care arrangement:

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE

NAME (LAST, M.I., FIRST)		SOCIAL SECURITY NUMBER	
CURRENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS (If different from current address)	CITY	STATE	ZIP CODE
PHONE NUMBER		E-MAIL ADDRESS	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW?	YES	NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER	
			YES	NO
EVER APPLIED TO THIS COMPANY BEFORE?	YES	NO	WHERE?	
			WHEN?	

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DEGREE or DIPLOMA
HIGH SCHOOL	NAME _____ CITY/STATE _____		
BUSINESS/TRADE/ TECHNICAL	NAME _____ CITY/STATE _____		
COLLEGE	NAME _____ CITY/STATE _____		
GRADUATE	NAME _____ CITY/STATE _____		

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/VOLUNTEER OR RESEARCH WORK/WORKSHOPS OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS KNOWN

EMPLOYMENT HISTORY

Please complete fully and accurately, listing your current or most recent employers first, continuing backward in time. if additional space is needed, please attach another page.

Employer's Name _____	Employer's Telephone Number _____
Employer's Address _____	Your Title _____
City, State, ZIP _____	Reason for Leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____/____/____ To ____/____/____	Job Duties: _____
Duties cont. _____	

Employer's Name _____	Employer's Telephone Number _____
Employer's Address _____	Your Title _____
City, State, ZIP _____	Reason for Leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____/____/____ To ____/____/____	Job Duties: _____
Duties cont. _____	

Employer's Name _____	Employer's Telephone Number _____
Employer's Address _____	Your Title _____
City, State, ZIP _____	Reason for Leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____/____/____ To ____/____/____	Job Duties: _____
Duties cont. _____	

Employer's Name _____	Employer's Telephone Number _____
Employer's Address _____	Your Title _____
City, State, ZIP _____	Reason for Leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____/____/____ To ____/____/____	Job Duties: _____
Duties cont. _____	

Employer's Name _____	Employer's Telephone Number _____
Employer's Address _____	Your Title _____
City, State, ZIP _____	Reason for Leaving _____
Supervisor's Name _____	Starting Hourly Wage _____ Ending Hourly Wage _____
Employed From ____/____/____ To ____/____/____	Job Duties: _____
Duties cont. _____	

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

SIGNATURE _____ DATE _____