


  
**New Mexico Workforce Connection**
  
 EASTERN AREA

**Personal Information**

<b>Full Name:</b>		<b>Date:</b>	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
<b>Address:</b>			
<i>Mailing Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
<b>Address:</b>			
<i>Physical Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
<b>Home Phone:</b> ( ) -	<b>Work / Message #:</b> ( ) -		
<b>Cell Phone :</b> ( ) -	<b>E-mail Address:</b> _____		
<b>Social Security #</b> - -	<b>DOB</b> _____	<b>Marital Status</b> Single <input type="checkbox"/> Married <input type="checkbox"/>	
<b>ID/Driver's License#/State</b> _____		<b>Resident Alien Card #</b> _____	
<b>Gross Annual Household Income \$</b> _____		<b>Number of Household Members:</b> _____	
<b>Alternate Contact:</b> Name _____ Relationship _____			
<b>Address</b> _____		<b>Phone:</b> ( ) -	

**Military Service**

<b>If applicable, are you registered with the Selective Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you served in the US Military Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please bring DD214)</i>	
<b>Branch:</b> _____	<b>From:</b> _____ <b>To:</b> _____
<b>Rank at Discharge:</b> _____	<b>Type of Discharge:</b> _____
<b>Are you within 24 months of retirement or 12 months of discharge from military (transitioning)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you been discharged from the military having served on active duty for 180 days, or received a Military Campaign Badge, or been medically retired prior to completing 180 days of service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>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 Prisoner of War, or who died from a service connected disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Employment

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### Job Search Assistance (Check all that apply.)

I am seeking employment, on the job training, or career advancement opportunities	<input type="checkbox"/>	I have recently received a termination or layoff notice from my employer Date: _____	<input type="checkbox"/>
I need to work on my resume and cover letter skills	<input type="checkbox"/>	I need help keeping a positive outlook during job search	<input type="checkbox"/>
I need help in using the phone in job search	<input type="checkbox"/>	I need to improve my interviewing skills	<input type="checkbox"/>
I need help finding job leads	<input type="checkbox"/>	I need help identifying my job skills	<input type="checkbox"/>
I need help completing job applications	<input type="checkbox"/>	I am unsure of my employment goals	<input type="checkbox"/>
I need more information on occupations	<input type="checkbox"/>	I need information about the labor market	<input type="checkbox"/>
I need help identifying my interests	<input type="checkbox"/>	I need to narrow my job choices	<input type="checkbox"/>
I need help getting along with co-workers	<input type="checkbox"/>	I need help getting along with the boss	<input type="checkbox"/>

### Education

What is the highest education level you completed? \_\_\_\_\_

Where did you last attend school? City & State \_\_\_\_\_

List any degrees you have \_\_\_\_\_

List any licenses or credentials you have \_\_\_\_\_

### Languages: (Check all that apply.)

	Speak	Read	Write
<b>English</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Spanish</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other:</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Check all boxes that apply to you.**

Limited English	<input type="checkbox"/>	Receiving Food Stamps	<input type="checkbox"/>
Limited writing skills	<input type="checkbox"/>	Receiving TANF (cash assistance)	<input type="checkbox"/>
Limited math skills	<input type="checkbox"/>	Receiving Pell Grant (education)	<input type="checkbox"/>
No previous job experience	<input type="checkbox"/>	Receiving Social Security Benefits	<input type="checkbox"/>
Offender (any arrest)	<input type="checkbox"/>	Runaway	<input type="checkbox"/>
No transportation or lack of driver's license	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
No personal support system	<input type="checkbox"/>	Poor work history	<input type="checkbox"/>
Youth who requires additional assistance	<input type="checkbox"/>	School drop out	<input type="checkbox"/>
Pregnant or parenting youth	<input type="checkbox"/>	No child care	<input type="checkbox"/>
Single parent	<input type="checkbox"/>	Parent of child with special needs	<input type="checkbox"/>
Currently using substance(s), illegally	<input type="checkbox"/>	Other (Explain): _____	<input type="checkbox"/>

**Goals**

What are your short-term goals? \_\_\_\_\_

What are your long-term goals? \_\_\_\_\_

**Referral**

Who referred you to the NM Workforce Connection-Eastern Area? \_\_\_\_\_

**Confidentiality Statement**

I \_\_\_\_\_ give New Mexico Workforce Connection-Eastern Area employees and providers permission to share information (oral and written) relating to the design, delivery, and receipt of services provided to me. I authorize the NMWC-Eastern Area employees and providers to access any and all confidential files about myself and family from other state agencies regarding education, training, and employment that I am enrolled in. I also provide consent to release any and all employment and wage information to NMWC-Eastern Area employees and providers for the purpose of eligibility determination and progress tracking. I understand that my records are protected under confidentiality laws. Authorization for the release of information regarding my education is made voluntarily and I understand my rights are protected under the Family and Education Right to Privacy Act (FERPA).

I have been given a copy of the "Equal Opportunity Is The Law" notice and understand my rights under this law.

I certify that the information on this form is true and complete to the best of my knowledge. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I further allow the use of my social security number pursuant to applicable laws and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature Date  
(If required)