



New Mexico Workforce Connection

 EASTERN AREA

Personal Information

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

Military Service

If applicable, are you registered with the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you served in the US Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please bring DD214)</i>	
Branch: _____	From: _____ To: _____
Rank at Discharge: _____	Type of Discharge: _____
Are you within 24 months of retirement or 12 months of discharge from military (transitioning)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <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		I have recently received a termination or layoff notice from my employer Date: _____	
I need to work on my resume and cover letter skills		I need help keeping a positive outlook during job search	
I need help in using the phone in job search		I need to improve my interviewing skills	
I need help finding job leads		I need help identifying my job skills	
I need help completing job applications		I am unsure of my employment goals	
I need more information on occupations		I need information about the labor market	
I need help identifying my interests		I need to narrow my job choices	
I need help getting along with co-workers		I need help getting along with the boss	

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
English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spanish	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<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)