

Workforce Enrollment Data Form

Today's Date: _____

1. Name: _____ 2. Phone: _____
3. Email: _____ 4. Birthday (Month/Day/Year): _____
5. Address: _____
6. Program(s) Applying for: _____

HOUSING

7. Do you rent or own your home? Rent Own Staying with someone else
8. Do you have any of the following subsidized housing? Low-Income Housing Section 8
8a. Do you identify as housing-insecure? Yes No
If so, which living situation applies to you: Homeless Living with friend/family I'm worried about losing my housing

Living Arrangement (check all that apply):

Both Parents	Foster Parent(s)	Mother Only	Sibling(s)
Boy/Girl Friend	Roommate(s)	No Stable Housing	Spouse
Detention Facility	Grandparent(s)	Self	Children
Father Only	Group Home	Shelter	Other: _____

10. Total Household Size, Including Yourself (check one):

1 2 3 4 5 6 7 8+

11. Total Annual Household Income (estimated): \$ _____**EMPLOYMENT**

12. Have you been previously incarcerated? Yes No 13. Are you a veteran? Yes No
14. Are you disabled or receiving any form disability? Yes No
15. Currently employed? Yes No 16. Type: Full-Time Part-Time Self-employed
17. Current Job Title: _____ 18. Current Employer: _____
19. Current Wage: \$ _____ 20. Income Type: Hourly Weekly Contract
21. Start date: _____ Monthly Yearly
22. Is this position for which you receive benefits? Yes No
 Paid Time Off (sick leave or vacation) Health Insurance Dental and Vision Insurance
 Retirement (ex. 401k, IRA, Pension) Life Insurance Other (ex. vehicle/cellphone stipend)
23. Have you ever been employed? Yes No
24. Last date of previous employment: _____
25. What type of employment are you available for: Full-Time (>33 hr/wk) Part-Time (≤ 32 hr/wk)
26. Previous Job Title: _____ 27. Previous Wage: _____
28. Previous Employer: _____ 29. Type: Full-Time Part-Time

EDUCATION

30. Education (indicate highest level, school name, and year last attended):		
Some HS, No Diploma/GED	Name: _____	Year: _____
GED	Name: _____	Year: _____
HS Diploma	Name: _____	Year: _____
Some College, No Degree	Name: _____	Year: _____
Post-Secondary Certificate	Name: _____	Year: _____
Associates Degree	Name: _____	Year: _____
Bachelor's Degree	Name: _____	Year: _____
Master's Degree	Name: _____	Year: _____
PhD	Name: _____	Year: _____

DEMOGRAPHICS

31. Gender Male Female Non-binary Transgender

32. Race & Ethnicity (check all that apply)

<input type="checkbox"/> American Indian of Alaska	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Native Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hispanic or Latino	

33. Primary Language: _____ **Bilingual:** _____

34. Do you speak English? Yes No

35. Other Languages You Read, Speak, and Write: _____

36. Do you need childcare for any 2-5 year old children? Yes No

37. Current Needs (check all that apply):

<input type="checkbox"/> Childcare	<input type="checkbox"/> Financial Literacy	<input type="checkbox"/> Professional Clothing
<input type="checkbox"/> EBT/CalFresh/CalWorks	<input type="checkbox"/> High School/GED	<input type="checkbox"/> Tattoo Removal
<input type="checkbox"/> EDD Resources	<input type="checkbox"/> Housing	<input type="checkbox"/> Transportation
<input type="checkbox"/> English Language Proficiency	<input type="checkbox"/> Job Readiness	<input type="checkbox"/> WIOA

38. Which San Pablo EDC job training program(s) are you interested in?

<input type="checkbox"/> Automotive Services	<input type="checkbox"/> Construction/Green Energy	<input type="checkbox"/> Healthcare/Nursing
<input type="checkbox"/> Barbering & Cosmetology	<input type="checkbox"/> Forklift & Warehousing	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Digital Media	<input type="checkbox"/> Commercial Driver's License
<input type="checkbox"/> Transportation	<input type="checkbox"/> HazWOPER & OSHA Training	<input type="checkbox"/> Criminal Justice/Police

Do Not Fill Out - For San Pablo EDC Staff Only

City of San Pablo Resident? Yes No **Date verified:** _____ **By:** _____ **Method of Verification:** CDL/ID Bonafied Mail

Completed By: _____ **Qualifications:** LMI VLMI Opp. Youth Reentry Veteran Housing Insecure Under/Unemployed

Recommended for: _____ **Approved by/Not approved by:** _____

Reason/Why: _____