

**NEW HOPE PROJECT
INITIAL INTERVIEW FORM**

Please provide the following information:

<hr/> Name	<hr/> Date of Birth
<hr/> Address	<hr/> SSN
<hr/> City/State	<hr/> Home Phone Number
<hr/> Zip Code	<hr/> Cellular Phone Number
Race: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

How did you hear about the New Hope Project? _____

Marital Status: single married divorced common law widowed domestic partner

What kind of help are you looking for: _____

What kind of work are you looking for: _____

Are you currently employed? Full Time Part Time No

<hr/> Last Employer	<hr/> Job Title
<hr/> Dates of Employment	<hr/> Reason for Leaving
<hr/> Salary	<hr/> Hours/week

How many hours are you available to work per week? _____

Work Shift Preference: 1st 2nd 3rd How much would you like to earn? _____

What sources have you used to find a job? (check all that apply)

<input type="checkbox"/> Jobnet	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspapers	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Other
<input type="checkbox"/> Cold Calls	<input type="checkbox"/> Networking	<input type="checkbox"/> Applying in person	<input type="checkbox"/> Placement Agency	

What is the longest amount of time you have ever held a job?

<input type="checkbox"/> No Work Experience	<input type="checkbox"/> Occasional/Inconsistent	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Temp Service	<input type="checkbox"/> 2+ years	<input type="checkbox"/> 5+ years

What is the highest level of education you have completed?

<input type="checkbox"/> 8 th grade	<input type="checkbox"/> 10 th grade	<input type="checkbox"/> 11 th grade	<input type="checkbox"/> GED	<input type="checkbox"/> HSED
<input type="checkbox"/> HS Diploma	<input type="checkbox"/> Some college	<input type="checkbox"/> Certificate	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree

If you have a degree or specialized training, in what area were you trained? _____

Did you complete the training? yes no Date of training or degree: _____

If an employer required the following background checks, how well would you do?

Credit Record Poor Fair Good Excellent Not Sure
Drug Screening Poor Fair Good Excellent Not Sure
Driving Record Poor Fair Good Excellent Not Sure
Have you ever been convicted of a crime? Yes No
Was it a felony or misdemeanor? Felony Misdemeanor
When was your most recent conviction? _____
At which correctional institute did you
serve time for your most recent conviction? _____

Do you have the following forms of identification?

State ID: yes no Social Security Card: yes no Birth Certificate: yes no

Do you currently owe child support? yes no
Do you have a valid Driver's License? yes no
Do you have a CDL? yes no
Do you have access to an insured vehicle? yes no
Do you find applications difficult to complete? yes no
Do you have a current resume? yes no
Do you have a cover letter? yes no
Do you find interviews to be difficult or challenging? yes no
Have you ever attended a job seeking skills workshop? yes no
Do you feel you have job skills that are in demand? yes no
If yes, what skills do you have? _____

What do you feel are barriers that might be preventing you from getting the job you want?

Housing Limited English Mental Health Disability
 Childcare Clothing Lack Family Support In School
 Lack of Jobs Criminal Record Transportation No Drivers License
Other: _____

Are you receiving support services/job assistance from any of these service providers?

DOC W-2 Food Stamps HIRE Cntr DVR
 MATC Interfaith Badger Care Child Care SSI
 REACH Cntr Unemployment Veteran Prog Project Return
Other: _____

(Signature)

(Date)