

# APPLICATION FOR EMPLOYMENT

TYPE OR PRINT

**DATE:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
LAST FIRST MIDDLE

**Address:** \_\_\_\_\_  
STREET COUNTY OF RESIDENCE

\_\_\_\_\_

CITY STATE ZIP

Telephone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Are you 55 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Birth Date \_\_\_\_\_  
month day year

Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, are you authorized to work in the US? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT DESIRED**

**Position:** \_\_\_\_\_ **Start date:** \_\_\_\_\_ **Salary desired:** \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied to this company before? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes When? \_\_\_\_\_

Referred by \_\_\_\_\_

**EDUCATION**

<u>Name &amp; Location</u>	#Years Attended	Did You Graduate?	Subjects Studied or
Grammar School _____	_____	Y    N <input type="checkbox"/> <input type="checkbox"/>	_____
High School _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
College _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Trade, Business Correspondence School _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

**SKILLS (INDICATE YOUR WORK SKILLS, EQUIPMENT OPERATION, EXPERIENCES, ABILITIES, ETC)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LICENSE OR CERTIFICATIONS:**

License / Registration / Certification	Issuing Party	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FORMER EMPLOYERS (LIST STARTING WITH LAST OR CURRENT EMPLOYER)**

DATE MO/YR	NAME & ADDRESS	PAY	POSITION JOB DESCRIPTION	REASON FOR LEAVING
FROM: ____/____	_____	STARTING: \$ _____	_____	
TO: ____/____	_____	ENDING: \$ _____	_____	
FROM: ____/____	_____	STARTING: \$ _____	_____	
TO: ____/____	_____	ENDING: \$ _____	_____	

**REFERENCES:** (LIST INDIVIDUALS NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN AT LEAST ONE YR.)

NAME	ADDRESS	TELEPHONE	PROFESSIONAL/PERSONAL
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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 statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to prove any and all information concerning my previous employment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
NAME ADDRESS TELEPHONE #

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: _____	TITLE: _____	DATE _____
REMARKS: _____		
_____		

HIRED: YES ___ NO ___	POSITION: _____
SALARY/WAGE: _____	START DATE: _____
APPROVED BY: _____	TITLE: _____ DATE: _____



## SCSEP Family Size Statement Form

[Participant self-attestation of family size is not allowed]

The purpose of this document is to assist the SCSEP applicant/participant with officially documenting family size when no other documentation is available.

I ( \_\_\_\_\_ ) swear and affirm that \_\_\_\_\_  
(Witness name) (Applicant/participant name)

is a member of a family of \_\_\_\_\_ (see SSAI Policy and Procedure Manual Section 204-B, for more information  
(insert # in family size)

on the definition of family size).

I have no monetary interest in the determination of \_\_\_\_\_'s family size; further  
(Applicant/participant name)

\_\_\_\_\_ is not a member of my immediate family.  
(Applicant/participant name)

My relationship to the applicant/participant is:  Landlord  Apt. Manager  Clergy  Case/Social Worker  
 Neighbor  Other, please specify: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**For Project Staff Use Only:**

Signature of Project Staff \_\_\_\_\_

Date Received by Project \_\_\_\_\_



SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)  
INITIAL ASSESSMENT

EFFECTIVE  
JULY 1, 2015

**SECTION 1: GENERAL INFORMATION**

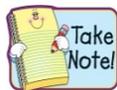
Participant Name: \_\_\_\_\_ Date of Initial Assessment: \_\_\_\_\_

1. How did you hear about the SCSEP Program?

Newspaper  Flyer  Friend  Word of Mouth  Other \_\_\_\_\_

2. What are you hoping for this program to provide for you?

Some Financial Stability  Socialization  Training in new area  Improve Computer Skills  Other



The Senior Community Service Employment Program (SCSEP) is a program administered by the Department of Labor that serves unemployed low-income persons who are 55 years of age and older and who have poor employment prospects by training them in part-time community service assignments and by assisting them in developing skills and experience to facilitate their transition to unsubsidized employment. **Participant Initial here** \_\_\_\_\_

**SECTION 2: WORK HISTORY**

Please complete the following work history beginning with your most recent employer.

<b>MOST RECENT EMPLOYER</b>		Select all that apply	Start Date	
<b>JOB TITLE</b>		<input type="checkbox"/> Paid	End Date	
<b>DUTIES/SKILLS</b>		<input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Homemaker	Reason for Leaving:	
			Rate of Pay/Wages:	
			Hours per week:	
<b>EMPLOYER</b>		Select all that apply	Start Date	
<b>JOB TITLE</b>		<input type="checkbox"/> Paid	End Date	
<b>DUTIES/SKILLS</b>		<input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Homemaker	Reason for Leaving:	
			Rate of Pay/Wages:	
			Hours per week:	
<b>EMPLOYER</b>		Select all that apply	Start Date	
<b>JOB TITLE</b>		<input type="checkbox"/> Paid	End Date	
<b>DUTIES/SKILLS</b>		<input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Homemaker	Reason for Leaving:	
			Rate of Pay/Wages:	
			Hours per week:	

*Attach a copy of the individual's resume or refer to the American Job Center or available services for assistance in developing one.*



1. Which of your previous jobs did you enjoy most? \_\_\_\_\_ Why? \_\_\_\_\_
2. Would you consider doing the same type of work again?  YES  NO  
 Why or Why not? \_\_\_\_\_
3. How many minutes or miles are you willing to travel to a job? \_\_\_\_\_
4. What have you been doing to find a job in the past year? \_\_\_\_\_
5. What type of job have you been looking for in the past year? \_\_\_\_\_
6. How long have you been out of work? \_\_\_\_\_
7. How long have you been looking for a job? \_\_\_\_\_
8. What kind of volunteer activities have you done in the last 30 days: \_\_\_\_\_
9. During the past year, have you worked with or been assisted by any other workforce development agency?  
 \_\_\_\_\_
10. Do you have any Talents/Hobbies you didn't already mention? If so, what are they: \_\_\_\_\_

**SECTION 3: EDUCATION AND TRAINING HISTORY**

*Select the highest level of education completed, field of study and date completed:*

Level of Education			
<input type="checkbox"/> GED or <input type="checkbox"/> H.S Diploma    Date Received _____	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters
<input type="checkbox"/> Other, Indicate grade level completed _____			
Date Completed			
Field of Study			

1. Do you have any job-related licenses or skills certifications? (e.g. LPN, welding, nurse aide, cosmetology, etc...)  
 \_\_\_\_\_
2. Are you currently attending school, training, or any educational classes? \_\_\_\_\_  
 If so, What? \_\_\_\_\_ and Where? \_\_\_\_\_

**SECTION 4: OCCUPATIONAL PREFERENCES**

1. If you could get more training and instruction, what would be your perfect position?  
 \_\_\_\_\_
2. Which of these work-related items are most important to you in a job right now? (Choose your top 3)
 

<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Small office	<input type="checkbox"/> Large office	<input type="checkbox"/> Wages
<input type="checkbox"/> Lots of people	<input type="checkbox"/> Few people	<input type="checkbox"/> Busy	<input type="checkbox"/> Quiet	<input type="checkbox"/> Benefits
<input type="checkbox"/> Work in a team	<input type="checkbox"/> Work alone	<input type="checkbox"/> None	<input type="checkbox"/> Time and distance it takes to get to work	



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3. Do you like working with **numbers and information**? This includes factual information, number specifications, research or data based information, codes, measurements, etc. **Examples** of this type of job may include accountant, bookkeeper, credit reporter, purchaser, claims adjuster, **cashier**, writing, filing, typing etc.  Yes, Explain  No, Explain
- 
4. Do you like working with **people**? This includes working directly with people or helping people. **Examples** of this type of job may include: **health care/social worker**, teacher, **nurse**, policeman, waitress, **receptionist**, etc.  Yes, Explain  No, explain
- 
5. Do you like working with **things**? This includes working with machinery, office equipment, shovels, tools, trucks, etc. **Examples** of this type of job may include **construction trades**, air conditioning and heating technicians, auto mechanics, auto body repairers, electricians, welders, truck drivers, **computer repairers**, machinist, general labors, **janitorial**, **custodian**, maintenance jobs etc.  Yes, Explain  No, Explain
- 

**Section 5: SUPPORTIVE SERVICE NEEDS CHECKLIST**

Please use the checklist below to identify any other needs you have at this time:

<p><b>Transportation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Get a valid driver's license</li> <li><input type="checkbox"/> Get auto insurance, registration etc.</li> <li><input type="checkbox"/> Get access to a working vehicle</li> <li><input type="checkbox"/> Get help with gas money</li> <li><input type="checkbox"/> Get help with public transportation</li> </ul>	<p><b>Job Readiness/Job Search</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Get access to a computer or printer at home</li> <li><input type="checkbox"/> Get internet access and an email address</li> <li><input type="checkbox"/> Learn how to use a computer</li> <li><input type="checkbox"/> Get access to a working answering machine or voice mail</li> <li><input type="checkbox"/> Get a working cell phone</li> <li><input type="checkbox"/> Develop a resume and cover letter</li> <li><input type="checkbox"/> Learn to search for a job</li> <li><input type="checkbox"/> Get proper interview clothing</li> </ul>	<p><b>Housing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Need basic essentials (food, clothing)</li> <li><input type="checkbox"/> I want to live in my own place</li> <li><input type="checkbox"/> Pay past due utilities</li> <li><input type="checkbox"/> Get a telephone</li> <li><input type="checkbox"/> Past due rent/Mortgage</li> <li><input type="checkbox"/> Rent will increase</li> </ul>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Get an eye exam/eye glasses</li> <li><input type="checkbox"/> Reduce alcohol use</li> <li><input type="checkbox"/> Reduce drug use</li> <li><input type="checkbox"/> Get my teeth fixed, go to a dentist</li> <li><input type="checkbox"/> Get personal grooming/hygiene items (make-up, toothpaste, soap, deodorant, etc.)</li> <li><input type="checkbox"/> Need special accommodation due to: <ul style="list-style-type: none"> <li><input type="checkbox"/> Cannot lift over _____ pounds</li> <li><input type="checkbox"/> Cannot sit or stand for long periods</li> </ul> </li> </ul> <p>Other: _____</p>	<p><b>Personal/Family</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop confidence</li> <li><input type="checkbox"/> Spend more time with others</li> <li><input type="checkbox"/> Feel less frustrated, angry or confused</li> <li><input type="checkbox"/> Get counseling for loss of a loved one</li> <li><input type="checkbox"/> Learn money management skills</li> <li><input type="checkbox"/> Pay family bills/debts</li> <li><input type="checkbox"/> Needs for child/family care</li> <li><input type="checkbox"/> Resolve/learn to address prior felonies or convictions</li> </ul>	<p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SCSEP wages will decrease other benefits</li> <li><input type="checkbox"/> Other Needs: _____</li> <li><input type="checkbox"/> Received referral/service from another source</li> <li><input type="checkbox"/> Participant declined referral at this time</li> <li><input type="checkbox"/> No referral resources available</li> <li><input type="checkbox"/> No supportive needs at this time</li> </ul>

**AGREEMENT**

I agree that I have been an active participant in this assessment process. The information I gave for this assessment is true and correct.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Project Director/Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



FOR USE BY **SCSEP STAFF ONLY** BEYOND THIS POINT

This section of the participant's Initial Assessment is designed to allow you-SCSEP staff the opportunity to reflect on the information you have collected to better assign the participant to a Host agency that will provide the training and guidance best suited for this participant and centered on their best experience with the SCSEP program through the development of their Individual Employment Plan.



**Section 6: OCCUPATIONAL SKILLS ASSESSMENT**

EDUCATION (BASIC SKILLS)	JOB KEEPING	JOB PREPARATION
<input type="checkbox"/> Does not have diploma or GED <input type="checkbox"/> Does not speak English fluently <input type="checkbox"/> Has Low Literacy Skills, unable to compute or solve problems, read, write, or speak at or above the 8th grade <input type="checkbox"/> Unable to compute or solve problems, read, write or speak at a level necessary function on the job, with family or in society. <input type="checkbox"/> Other _____	<input type="checkbox"/> Has not worked full-time (32+ hours a week) for at least ninety (90) days with one employer in the past year. (Ref: Employment History) <input type="checkbox"/> Has been fired from a job. <input type="checkbox"/> Has had problems with supervisors/co-workers in past. <input type="checkbox"/> Personal problems have interfered with employment in past. (potentially related to substance, mental health and/or behavioral issues) <input type="checkbox"/> Other _____	<input type="checkbox"/> Does not have a computer or printer at home <input type="checkbox"/> Does not have internet access or an email address <input type="checkbox"/> Does not know how to use a computer <input type="checkbox"/> Does not have a working answering machine or voice mail <input type="checkbox"/> Does not have a cell phone <input type="checkbox"/> Does not have a resume and cover letter <input type="checkbox"/> Has not searched for a job in several years <input type="checkbox"/> Has a history of underemployment in the last 10 years. <input type="checkbox"/> Other _____
<i>Total of 1 or more checks indicates need for ADDITIONAL EDUCATION TRAINING. INDICATE TRAINING NEEDED ON THE ADDITIONAL EDUCATION TRAINING SECTION OF THE IEP.</i>	<i>Total of 1 or more checks indicates need for PARTICIPANT TO DEVELOP JOB KEEPING SKILLS AT THE COMMUNITY SERVICE ASSIGNMENT IN THE CSA SECTION OF THE IEP</i>	<i>Total of 1 or more checks indicates need to COMPLETE TASKS FOR JOB PREPARATION SKILLS OF THE INITIAL IEP</i>
<b>Remember to transfer and develop goals for checked items on the Initial IEP.</b>		

**Section 7: APTITUDE**

PLEASE STAPLE A COMPLETED APTITUDE TEST TO THE ASSESSMENT. YOU MAY USE THE SAME FORMS YOU CURRENTLY USE OR THE FORMS RECOMMENDED BY SSAI.

**Section 8: OVERALL ASSESSMENT**

AFTER THE INITIAL ASSESSMENT INTERVIEW IS DONE, COMPLETE THIS SECTION AND MAKE CASE NOTES AS NEEDED ON THE ATTACHED CASE NOTE FORM.

Job Readiness Skills	Excellent	Good	Fair	Needs Improvement	Unable to Assess/ Re-Assessment Job Readiness Skills Month/Year
Participant's current potential for performing at an assigned community service agency.	<input type="checkbox"/> / Date _____				
Participant's current potential for transitioning to unsubsidized employment.	<input type="checkbox"/> / Date _____				

Identify three possible community service assignments based on the participant's preferences and potential employment goals.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**NEXT REASSESSMENT and/or IEP APPOINTMENT:** \_\_\_\_\_

*Schedule the next appointment and add to your calendar to assure follow-up.*

Grantees may not use SCSEP for job ready individuals who only need job search assistance or job referral services. A Job Ready individual will have all three of the following criteria:

- Hard and Soft skills** to do the job
- Motivation**
- Life Situation** is conducive to work (reliable transportation, health etc.)

If all Job Ready criterion are met, this participant is not eligible for SCSEP. Please refer to the American Job Center!  
DO NOT ENROLL.



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CASE NOTE

On \_\_\_\_\_, SCSEP staff obtained the following information: \_\_\_\_\_  
(Date)

\_\_\_\_\_ SCSEP Staff name/Date of event and/or date recorded

\_\_\_\_\_ Source of Information

\_\_\_\_\_ Title or Relationship and phone number

\_\_\_\_\_ Date information obtained

## PARTICIPANT SKILLS/APTITUDES

NAME (PRINT) \_\_\_\_\_ SSN : \_\_\_\_\_

Are you under the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Directions: The following information will be used to help us determine where your skills might best be used, given the jobs that are presently available. Please Review and put an "X" next to all that apply to you.

1. \_\_\_\_\_ I am able to read and write English.
2. \_\_\_\_\_ I am able to communicate clearly.
3. \_\_\_\_\_ I am able to see clearly enough to read small numbers/print on things like gauges.
4. \_\_\_\_\_ I am able to comprehend and complete simple instructions.
5. \_\_\_\_\_ Others would say I have good common sense.
6. \_\_\_\_\_ I am able to take a fairly complex set of instructions and follow them easily.
7. \_\_\_\_\_ I have had classes in office skills in high school, trade school or college.
8. \_\_\_\_\_ I have had office experience as a clerk, assistant, receptionist or secretary.
9. \_\_\_\_\_ I have had experience operating office equipment such as: multi-line phones, fax, copiers, typewriters, etc.
10. \_\_\_\_\_ I have had customer service training or experience.
11. \_\_\_\_\_ I have used a computer to enter data or print reports.
12. \_\_\_\_\_ I have used computer word processing program(s). List which ones:  
\_\_\_\_\_
13. \_\_\_\_\_ I have used computer spreadsheet(s). List which ones: \_\_\_\_\_
14. \_\_\_\_\_ Other computer software programs I have used include: \_\_\_\_\_
15. \_\_\_\_\_ I have used cleaning tools such as a broom, mop, vacuums etc.
16. \_\_\_\_\_ I have used cleaning compounds and fluids without problem. Such as: soap, cleaners, bleach, ammonia, etc.
17. \_\_\_\_\_ I have used hand-held garden implements. Such as: rake, hoe, shovel, pruning saw, hedge clippers, etc.

## PARTICIPANT SKILLS/APTITUDES

NAME (PRINT) \_\_\_\_\_ SSN : \_\_\_\_\_

18. \_\_\_\_\_ I have used some power lawn equipment. Such as: mower, lawn tractor, blower, edger, weed whacker, trimmer, etc.
19. \_\_\_\_\_ I have used a chain saw.
20. \_\_\_\_\_ I have used small hand tools to make repairs. Such as: screw driver, hammer, saw, wrench, pliers, etc.
21. \_\_\_\_\_ I have some mechanical skill/aptitudes.
22. \_\_\_\_\_ I have some carpentry skills/aptitudes.
23. \_\_\_\_\_ I have a valid driver's license. Class: \_\_\_\_\_ Number: \_\_\_\_\_ State \_\_\_\_\_
24. \_\_\_\_\_ I have a reliable vehicle to drive to work every day and I can use this vehicle for agency business.
25. \_\_\_\_\_ I have had experience operating heavy farm equipment and/or other similar heavy equipment.
26. \_\_\_\_\_ I am easily able to carry loads of up to 20lbs.
27. \_\_\_\_\_ I am easily able to lift, stoop and bend when picking up objects.

Special skills/aptitudes not listed above: (list /explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge.  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
applicant

STAFF RECOMMENDATION: (Rank from 1-3, with 1 indicating type best suited for)

- A. \_\_\_\_\_ One is the Office worker/clerk/assistant/secretary job description.
- B. \_\_\_\_\_ Two is the Monitor/workers/readers/assistants.
- C. \_\_\_\_\_ Three is the Maintenance worker, helpers, custodians, assistants, crew person