

CAREER BRIDGE Enrollment Form



Urban League of
Metropolitan Seattle

For Agency Use Only

CBO Name _____	SJI Client ID# _____ <i>(Assigned upon enrollment)</i>
Program Strategy _____	
SJI Enrollment Date _____ <i>(Date of enrollment in SJI program)</i>	
Intake Case Manager _____	
Address Eligible Area:	<input type="checkbox"/> Seattle <input type="checkbox"/> SGE <input checked="" type="checkbox"/> Career Bridge

All participants enrolled in the Career Bridge Initiative (CB) will be part of research to measure the success of the initiative in improving education and employment opportunities for participants. Research will be conducted by CB staff, City of Seattle staff or consultants designated by CB who will be required to sign a confidentiality agreement before engaging in any research. Furthermore, the information on this form will **only** be shared with authorized CB staff and researchers evaluating CB. And, this form will **not** be given to any employers, family members or other unauthorized individuals. Some of the data may be used to help secure a job placement or services. No names or individual information will ever be used in any research reports. Your responses will be combined with many other surveys, so your answers will never be linked to you.

PERSONAL & SUPPORT NEEDS

1. Last Name _____ First Name _____ Middle Name _____
 SSN _____

2. Gender Male Female Transgender Other _____

3. Ethnic Group Hispanic/Latino Not Hispanic/Latino Choose not to specify

4. Race (if you choose not to specify please mark this box). N/A (Choose not to specify)

5. White Black/African American Alaskan Native American Indian Asian Native Hawaiian
 Other Pacific Islander Two or more races (Please specify) _____

6. Birth Date _____ / _____ / _____

7. Address _____ City _____ State _____ Zip _____

8. (Cell) Phone (____) _____ 9. Email _____

10. Please indicate your family income over the past 3 months from each of the following sources (in the USA):

<u>INCOME SOURCE</u>	<u>AMOUNT</u> (Total for past 3 months)	<u>CURRENTLY RECEIVING</u> (Check one)	
Wages/Salary	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welfare/TANF	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ABD	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Basic Food (Food Stamps)	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SSI	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SSDI	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (Specify) _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL INCOME (all sources):	\$ _____		

LIVING SITUATION

11. How many people live in your household, including you? [] people in household (including me)
12. Do you have children? Yes, number of children [] No
13. If yes, number of children who live with you [] Specify ages: []
14. What is your current marital status?
 Married, living with spouse Married, not living with spouse Non-married partner
 Single/Never Married Widowed, divorced, legally separated
15. Which one of the categories below best describes your current living situation? (Check one)
 Rent house or apartment (no subsidy) Rent house or apartment (section 8/housing choice vouchers)
 I and/or a family member own the house Subsidized housing (not housing authority or section 8)
 Homeless Living with someone temporarily
 Emergency shelter Live in public housing community (specify) _____
 Other living situation (specify) _____

PROGRAM AWARENESS

16. How did you first hear about the Seattle Jobs Initiative program? By "first" we mean the primary person, agency, or source who first directed you to this program.
- | | |
|---|--|
| <input type="checkbox"/> Flyer at college | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Orientation at college | <input type="checkbox"/> Family |
| <input type="checkbox"/> Faculty or advisor at college | <input type="checkbox"/> Church |
| <input type="checkbox"/> Referral from WorkSource/Employment Security | <input type="checkbox"/> Library |
| <input type="checkbox"/> Referral from DSHS | <input type="checkbox"/> Job fair |
| <input type="checkbox"/> Flyer at community or government agency
Specify agency _____ | <input type="checkbox"/> Outreach from staff at community or government agency
Specify agency _____ |
| <input type="checkbox"/> Presentation at community or government agency
Specify agency _____ | <input type="checkbox"/> Internet/web
Specify website _____ |

EDUCATION

17. Please specify your primary (first) language(s).
- | | | | | | |
|--|-----------------------------------|-------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Amharic | <input type="checkbox"/> Arabic | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> French | <input type="checkbox"/> Hmong | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Mien | <input type="checkbox"/> Oromo | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tigrinya | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Ilocano | | |
| <input type="checkbox"/> Other [specify] _____ | | | | | |
18. Do you have difficulty reading, writing or speaking English?
- | | | |
|------------------|------------------------------|-----------------------------|
| Reading English | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Writing English | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Speaking English | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

19. **What is the highest grade or year of school you have completed OR the highest degree or certificate you have received?** (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Below High School | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> Some High School, but no diploma/GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> GED certificate | <input type="checkbox"/> Beyond Master's degree |
| <input type="checkbox"/> Some college, but no degree | <input type="checkbox"/> Other degrees or certificates |
| <input type="checkbox"/> Technical/vocational certificate or diploma | Specify _____ |
| Specify _____ | |

20. **Was your highest degree or year of schooling completed in the U.S.?** **Outside of the U.S.?**

21. **The following statement applies to my college experience (select only one):**

- I am a first time college student/I have never attended college.
- I have previously attended college, but am NOT currently enrolled in college.
- I am currently enrolled in college. If currently enrolled in college, please indicate if you are enrolled in a program within one of the following sectors? Automotive Healthcare Business Information Technology Manufacturing None of the above/non-SJI sector

EMPLOYMENT

22. **What is your current employment status?** (Check one)

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Employed Full Time | <input type="checkbox"/> Employed Part Time | <input type="checkbox"/> Temporary Worker | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Seasonal Worker | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Unemployed | |

23. **In the past year (12 months), how many different employers have you worked for?** [_____] # of employers

Please fill out information on your current job or your most recent job if currently unemployed).

24. **Start date** (mm/yyyy) _____ **End date** (mmyyyy) _____ (Check box if still employed in this job)

25. **Employer name** _____

26. **What is/was your job title?** _____

27. **How many hours per week do/did you usually work in that position?** [_____] hours per week

28. **Most recent hourly pay** \$ _____ per hour

29. **Why did you leave this job?** (if applicable)

- | | | | | |
|---|--------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Plant or division closed | <input type="checkbox"/> Quit | <input type="checkbox"/> Layoff | <input type="checkbox"/> Retirement | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Seasonal/temporary job ended | <input type="checkbox"/> Fired | <input type="checkbox"/> Better job | <input type="checkbox"/> Other [Specify] _____ | |

30. **Do/did you receive medical/health coverage benefits from your employer for either yourself or for you and your family?** (Check one)

- Medical/health coverage – self Medical/health coverage – family No medical/health coverage provided

31. **Does/did your employer provide any other benefits that are/were important to you?** (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Paid sick leave | <input type="checkbox"/> Childcare assistance | <input type="checkbox"/> Retirement benefits |
| <input type="checkbox"/> Paid vacations | <input type="checkbox"/> Transportation assistance | <input type="checkbox"/> Profit sharing |
| <input type="checkbox"/> Dental benefits | <input type="checkbox"/> Training classes or tuition reimbursement | <input type="checkbox"/> Uniform allowance |
| <input type="checkbox"/> Eye care benefits | <input type="checkbox"/> Other (Specify) _____ | |

BACKGROUND

- 32. **Have you ever been convicted of a crime?** Yes No
 If yes, describe: _____ Misdemeanor Felony
- 33. **What is your current citizenship status?** U.S. Citizen Refugee Resident Immigrant Asylee
- 34. **Have you ever been a refugee?** Yes No
- 35. **Are you a Veteran of the U.S. Armed Forces?** Yes No

PERSONAL CONTACTS

Please provide the names and addresses of two other contacts who may be able to reach you.

(This is required in the event that the project evaluators wish to contact you to follow up on your experiences with SJI).

1) **Last Name, First Name** _____

Relationship: Spouse/domestic partner Father Mother Brother Sister Other relative Friend
 Other [Specify] _____

Address _____ City _____ State _____ Zip _____

Phone Number(s) _____ Email _____

2) **Last Name, First Name** _____

Relationship: Spouse/domestic partner Father Mother Brother Sister Other relative Friend
 Other [Specify] _____

Address _____ City _____ State _____ Zip _____

Phone Number(s) _____ Email _____

Please sign your name in the space provided below. Your signature certifies that the information provided is true to the best of your knowledge.

Your signature also allows the community-based organization (CBO) providing your career navigation services to share information related to your job search, training/education, employment and retention in employment with SJI. You also authorize the CBO and SJI to share this information with SJI project partners, including the community college **if and only if**, you participate in or receive services through these agencies in relation to your participation in the SJI program.

You are also aware that the information provided is subject to review and verification by Seattle Jobs Initiative (SJI) staff. In order to verify the information or conduct further program evaluation it may be necessary to collect additional information from records at government agencies. This information would include but not be limited to Washington State Employment Security, Social Security earnings, or TANF (Temporary Assistance to Needy Families) records. Your signature allows the release of this information and job placement data to SJI staff and researchers for program monitoring, verification, additional data collection, and evaluation purposes. **Your personal information will not be provided to any outside person or agency except where needed to determine eligibility for SJI and related programs. The information may also be used for research purposes to assist SJI in evaluating and improving its programs. Information provided on this form will not affect any benefits you are already receiving from other agencies.**

Applicant Name _____ **Signature** _____ **Date** _____

CASE MANAGER CERTIFICATION

Case Manager Name: _____ **Signature** _____ **Date** _____

ULMS Database Entry: _____ **Signature** _____ **Date** _____
Name: Last, First MI