P2E 2.0 INITIAL INTERVIEW

(This form will NOT be used for hiring purposes)

NORTEC

PLEASE PRINT CLEARLY

Last Name: _____ Date of Birth: _____

First Name: _____ Age: _____

Gender: ❑ Female ❑ Male ❑ Nonbinary ❑ Did not self identify

Soc Sec #: _____

Does the applicant live in a Disadvantaged Community? ❑ Yes ❑ No

Transgender or Gender Non-Conforming: ❑ Yes ❑ No ❑ Did not self identify

Does the applicant live in a Low-Income Community? ❑ Yes ❑ No

Street Address: _____ Mailing Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Message Phone: _____

Cell Phone: _____ Email: _____

Marital Status: ❑ Married/in union ❑ Not married/union ❑ Separated ❑ Never married/union ❑ Formerly married/union ❑ Divorced ❑ Widowed

Assist the applicant with the set-up of an email address if he/she does not have one.

Alternate Contact

Name: _____ Phone: _____

General Information

Do you plan on staying in the area? ❑ Yes ❑ No _____

What mode of transportation do you use? ❑ Walk ❑ Bus ❑ Car ❑ Bicycle

Do you have a California Driver's License? ❑ Yes ❑ No Details: _____

Migrant/Seasonal Farmworker Status: ❑ Adult Seasonal Farmworker ❑ Adult Migrant Farmworker ❑ Youth Seasonal or Migrant Farmworker ❑ Dependent Adult ❑ Dependent Youth

Do you have Tribal Status? ❑ Yes ❑ No

Referred By: ❑ Parole ❑ Probation ❑ MCRP ❑ ACS (SO) ❑ TAY/Diversion ❑ Juvenile Hall ❑ Other _____

Date (include year) and facility of most recent release: _____

Type of facility: ❑ Federal ❑ State ❑ County ❑ N/A

Post-Release Supervision: _____ Supervising Officer: _____

Supervising Officer Phone: _____ Email: _____

Total years incarcerated (lifetime): _____ Total number of offenses (if known): _____

CDCR Number (if applicable): _____

Work History

Type of experience: _____ Where: _____

Start Date: _____ End Date: _____

Tasks/Duties/Skills: _____

_____

Type of experience: _____ Where: _____

Start Date: _____ End Date: _____

Tasks/Duties/Skills: _____

_____

Type of experience: _____ Where: _____

Start Date: _____ End Date: _____

Tasks/Duties/Skills: _____

_____

Type of experience: _____ Where: _____

Start Date: _____ End Date: _____

Tasks/Duties/Skills: _____

_____

Education/Certifications/Job Interests

Do you have a high school diploma or equivalent? ❑ Yes ❑ No

If you have (or intend to) enroll in college, would you be a "First Generation College Student?" ❑ Yes ❑ No

Do you have any certifications? ❑ Yes ❑ No

If Yes, please list: _____

_____

_____

Did you participate in any programs while incarcerated? ❑ Yes ❑ No (If Yes, please list below)

Education: _____

Vocational: _____

Recreational: _____

Other: _____

Have you applied for, or enrolled in, any other programs? _____

What are your current plans? ❑ Part-Time Job ❑ Full-Time Job ❑ Vocational Training ❑ Diploma/GED/HiSet
❑ Meet Court Requirements ❑ College ❑ Access Other Services

What is your desired occupation? _____

Industry of Choice: ❑ Construction ❑ Welding ❑ Landscaping ❑ Office/Clerical ❑ Restaurant/Food
❑ Retail ❑ Help People ❑ Agriculture ❑ Computers/IT ❑ Warehouse/Forklift
❑ Other _____

Staff Signature: _____ Date: _____

If the applicant is not enrolled into the P2E 2.0 program, please indicate which partner agency(ies) the applicant was referred to:

❑ AJCC (Career Services) ❑ Department of Rehabilitation ❑ Health/Counseling ❑ Temporary Employment Agency
❑ Social Security Administration ❑ Social Services Agency ❑ Other _____

Information Related to Medical/Disability Status

Applicant Name: _____

We are required by law to collect and maintain medical and disability status information separately from our routine data collection process. We collect the following information to ensure we explore all possible sources of funding to meet your employment and training needs.

Are you pregnant? ❑ Yes ❑ No

Do you have a disability? ❑ Yes ❑ No
If Yes, briefly describe your employment-related limitations: _____

_____

Do you have any mental or emotional health issues? ❑ Yes ❑ No
If Yes, describe briefly: _____

_____

Do you take any medications? ❑ Yes ❑ No
If Yes, list: _____

Do you have substance abuse issues? ❑ Yes Current Past ❑ No
If Yes, describe briefly: _____

_____

Would you consider any of the following as part of your plan?

❑ Residential Treatment ❑ Outpatient Treatment ❑ Medically Assisted Treatment

❑ Religion Based Services ❑ Supplemental Security Income (SSI) ❑ Counseling