

Title: _____

Date Employment Began: ____/____/____

Family Demographic Information

Household size: _____

Children (under age 18): _____

Adults: _____

Health Insurance for household:

- All Members Insured
- Some Members Insured

None Insure

Race:

- African American/Black
- White
- Asian

- American Indian or Alaska Native
- Asian American

Ethnicity:

Hispanic Origin

Not Hispanic Origin

Disability Status:

Disabled

Not Disabled

Veteran:

Veteran

Not Veteran

Temporary Aid for Needy Families (TANF) Recipient:

Yes

No

Other Public Assistance Received:

- Food Stamps
- Medicaid
- Medicare
-

- Other
- None

Primary Language:

- English
- Spanish
- _____

- Bilingual
- Other

Highest Educational Grade Completed:

- | | |
|---|--|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Junior College |
| <input type="checkbox"/> Junior High School | <input type="checkbox"/> University |
| <input type="checkbox"/> High School | <input type="checkbox"/> Graduate School |

Select trade interest:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Carpenter |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Other _____ |

What is your annual household income? (Please select from the list below)

Note: Household income information is **confidential** and will NOT be shared with third parties.

- | | |
|--|---|
| <input type="checkbox"/> \$0 - 20,000 | <input type="checkbox"/> \$55,001 - 60,000 |
| <input type="checkbox"/> \$20,001 - 25,000 | <input type="checkbox"/> \$60,001 - 65,000 |
| <input type="checkbox"/> \$25,001 - 30,000 | <input type="checkbox"/> \$65,001 - 70,000 |
| <input type="checkbox"/> \$30,001 - 35,000 | <input type="checkbox"/> \$70,001 - 75,000 |
| <input type="checkbox"/> \$35,001 - 40,000 | <input type="checkbox"/> \$75,001 - 80,000 |
| <input type="checkbox"/> \$40,001 - 45,000 | <input type="checkbox"/> \$80,001 - 90,000 |
| <input type="checkbox"/> \$45,001 - 50,000 | <input type="checkbox"/> \$90,001 - 100,000 |
| <input type="checkbox"/> \$50,001 - 55,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> | |

Emergency Contact

Name: _____

Telephone: _____

