



RAPID RESPONSE TRANSITION FORM



BUSINESS _____ EVENT# _____

* Are you registered in the Virginia Workforce Connection System (vawc.virginia.gov)? Yes No

* User Name: _____

1) Gender Male Female No Answer

2) Birthdate (mm/dd/yyyy) _____/_____/_____ * Authorized to work in U.S.? Yes No

3a) Your Name (First, MI, Last) _____

3b) Current Mailing Address: _____

3c) Your City: _____ 3d) County: _____ 3e) State: _____ 3f) Zip: _____

3g) Email: _____

3h) Best Phone#: _____ 3i) Alternate Phone #: _____

* Registered for Selective Service? Yes No N/A

* Citizenship status? Citizen of the U.S. or U.S. Territory U.S. Permanent Resident (legal immigrant)
 Alien/Refugee Lawfully Admitted to U.S. # _____ Exp. Date _____

* Do you consider yourself to have a disability? Yes No Do not wish to answer

* Are you currently attending school? Yes No

4) What is the highest education level achieved?
 No High School Diploma or GED High School Diploma or GED Vocational/Technical School Some College Classes
 Associates Degree Bachelor's Degree Master's Degree or PHD

* Security Clearance Status: No Clearance Active Confidential Active Top Secret Active Top Secret SCI

* Currently employed? (Check all that apply) Full-Time Part-Time Never Worked Not working

* Currently looking for work? Yes No

* Have you done farm work or migrant food processing work in the past 12 months? Yes No

* Have you received a notice of termination or layoff from your employer? Yes No If yes, reason? _____

* Date of Layoff or Termination: _____/_____/_____

5a) Is English your primary language? Yes No 5b) If "no" primary language is: _____

* Are you Hispanic or Latino? Yes No Choose not to answer

* Race, select all that apply: African American American Indian/Alaskan Native Asian White
 Native Hawaiian/Other Pacific Islander Choose not to answer

6a) Current/Previous Position: _____ 6b) What is your desired job title? _____

6c) Number of Years in this Job: _____

7) Other Jobs/Skills: _____

8) Are you the only wage earner in your house? Yes No 9) Do you plan to seek re-employment? Yes No

10) Do you plan to retire at this time? Yes No 11) Will you seek employment in the same line of work? Yes No

12a) Are you will to relocate? Yes No 12b) If so, where? _____

13) Miles you are willing to commute to work? 0-15 miles 16-25 miles 26-45 miles 46-75 miles 76-100 miles Other

14) Required Pay Range: \$20-\$30,000 \$30-\$40,000 \$40-\$50,000 \$50-\$50,000 +\$75,000

15) Please list number of years of college/technical school and type of training or degree: _____

16a) Do you have other credentials? CRC - Career Readiness Certificate Certification/Licensure

16b) If so, please specify _____

17) Would you be willing to commit to training that will assist in future employment? Yes No

18) What schedule would be needed for training? (Check all that apply.) Nights Day Online Weekends

19) What obstacles to training do you perceive for yourself, such as childcare or internet? _____

20) If arranged, would you be interested in attending a Hiring Event or Job Fair? Yes No

21) Please indicate the area(s) of your career interests.

<input type="checkbox"/> Maintenance/Repair	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Sales	<input type="checkbox"/> Engineering	<input type="checkbox"/> Health Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Social Services	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Hospitality/Tourism
<input type="checkbox"/> Plants or Animals	<input type="checkbox"/> Administrative	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Logistics/Trucking	<input type="checkbox"/> Business Start Up
<input type="checkbox"/> Need help deciding.	<input type="checkbox"/> Other: _____			

22) What additional education or training would help you in your job search?

<input type="checkbox"/> GED (High School Equivalency Diploma)	<input type="checkbox"/> College Training Courses	<input type="checkbox"/> Apprenticeship or On-the-Job training
<input type="checkbox"/> ESL (English as Second Language)	<input type="checkbox"/> Certification or licensure	<input type="checkbox"/> Basic Education (i.e. Reading, Math)
<input type="checkbox"/> Business Start Up Training	<input type="checkbox"/> Technical Training, In: _____	
<input type="checkbox"/> Other: _____		

23) What type of workshops would you attend if offered at a convenient location?

- Applications, Resumes, and Cover Letters
- Interviews – Preparation, What to Wear, and Follow Up
- Career Planning and Labor Market Information
- Job Search Strategies and Networking
- Computers for Beginners and the Job Search
- Ex-Offender Job Search Strategies
- Money Management during the Job Search
- Other (please specify) _____

24) Indicate any other assistance or services you are interested in receiving.

- Financial Planning
- Veterans Services/Benefits
- Medical Care/Health Insurance
- Stress Management Counseling
- Educational Financial Aid
- Other _____
- Disability Benefits
- Family Concerns Counseling
- Ex-Offender Resources
- Starting Your Own Business
- Food Support/Social Services
- Mortgage Counseling
- Legal Issues
- Social Security Benefits
- Transportation Assistance
- Child Care Assistance

Military Service

- * Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? Yes ___ No ___
- * Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?..... Yes ___ No ___
- 25) Are you currently in the military, a veteran or the spouse of a veteran? Yes ___ No ___
- 26) Are you a Spouse/Dependent of someone in the active-duty military service, National Guard, or Reserves who are currently activated? Yes ___ No ___
- * Are you the Spouse of a veteran who has a total service connected disability, Missing In Action, captured in the line of duty by a hostile force, is a Prisoner of War or who died from a service connected disability? Yes ___ No ___
- * Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Military Member)? ___ Yes ___ No ___
- * Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable?..... Yes ___ No ___
- * Military Service Begin Date: ____/____/____ * Military Service End Date: ____/____/____
- * Received/Eligible for military campaign badge?..... Yes ___ No ___
- * Branch of Service: _____
- * Active in the military reserves?..... Yes, I am active ___ No, I am not active ___ Not Specified ___
- * Most Recent Character of Service _____
- * Are you a disabled veteran?..... Yes ___ No ___ Yes, 30% or Higher ___
- * Are you a homeless veteran? Yes ___ No ___
- * Referred by Veteran’s Vocational Rehabilitation (Chapter 31)? Yes ___ No ___
- * Are you currently incarcerated or have you been released from incarceration?..... Yes ___ No ___
- * Within the last 12 months, have you been without a paycheck for 27 or more weeks?..... Yes ___ No ___
- * Recently Separated Veteran (within last 3 years)? Yes ___ No ___
- * Have you attended a Transition Assistance Program (TAP) Workshop within the last three years?..... Yes ___ No ___

To protect your privacy, your Social Security Number (SSN) will not be used as your identification number. Rapid Response will only use your SSN in accordance with federal and state reporting requirements. It shall not permit further disclosure unless required or authorized by the Family Educational Rights Act of 1974, 20 U.S.C. Code 1232g, or pursuant to your obtained consent. As a participant in this program, you may be asked for personal information, such as race/ethnicity, date of birth, and SSN to identify if the program is meeting expected outcomes. Please know that sharing of this information is protected by the confidentiality laws of the Federal Education Rights and Privacy Act (FERPA), which prohibits agencies from disclosing your personal information to any entity unless authorized by state or federal law. The Virginia Employment Commission is An Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 1-800-828-1120. The Rapid Response program is wholly funded with a \$1,608,434 sub-award to the Virginia Employment Commission by the Virginia Community College System of federal U. S. Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act (WIOA) funds (Award #AA-30941-17-55-A-51). One Hundred (100%) percent of the costs of this program were funded by federal funds.

Signature of Participant

Social Security Number

Date Form Completed

OFFICE USE ONLY

(form version 6.19)

RR COORDINATOR: _____ REGION: ___ Central ___ Eastern ___ Northern ___ Valley ___ Western

TYPE OF BUSINESS: ___ Private ___ State ___ Federal ___ Local Gov. ___ Other

LWDB NAME: _____ VEC Office Location: _____

ACTIVITY ASSIGNED: Check all that apply	DATE OF ACTIVITY (if different than date form completed)
110 Attended Rapid Response	
112 Job Fair	
121 Survey	
122 Transition Workshop	