



Central Arizona Governments
Workforce Investment Act

Pre Assessment Questionnaire
(PLEASE FILL OUT COMPLETELY)

Name: Last 4# SSN: Age: Male Female Date:

Mailing Address:

City: State: Zip:

Phone: Message Phone:

Race Ethnicity: Hispanic: Yes No Do you have a disability? Yes No

Please Circle: Explain:

- A. White
B. Black
C. Asian
D. American Indian or Alaska Native
E. Hawaiian/Pacific Islander

1. What services are you requesting from the WIA Program?

2. What are your current job skills and educational goals?

Are you willing and able to work? Yes No Explain:

3. Are you attending school/college? Yes No Have you applied for financial aide? Yes No

Do you have your High School Diploma GED Neither ?

4. Which college would you like to attend and what field of study?

5. Do you have reliable transportation? Yes No

6. How do you financially support yourself? Do you receive assistance from DES Yes No

What type of assistance do you receive?

7. How is this program going to benefit you?

8. What are your plans/goals for the next 30-days?

9. Are you considered a Veteran of the armed services? Yes No

10. What keeps you from accomplishing your goals?

Please fax completed form to:

928.425.9468