



Arkansas Employment Career Center

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Assessment Date: \_\_\_\_\_

**Client Bio:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YR) Gender  Female  Male

Address: \_\_\_\_\_

City: \_\_\_\_\_ County/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Hm Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Wk Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Income:  Weekly  Biweekly  Monthly Source of Income: \_\_\_\_\_

**Confidentiality Statement:**  Yes  No (Attached signed form)

**Client Referral:**

Select Program Type:

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> GED        | <input type="checkbox"/> University/College  | <input type="checkbox"/> Entrepreneurial  |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Apprenticeship      | <input type="checkbox"/> Employment       |
| <input type="checkbox"/> Shelter    | <input type="checkbox"/> SSI/SSDI Disability | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> SNAP       | <input type="checkbox"/> Drug Rehabilitation |   |

**Client Demographics/Status Measures:**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Identification #: \_\_\_\_\_ State: \_\_\_\_\_

Alien Registration #: \_\_\_\_\_

Ethnicity:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hispanic/Latino                           | <input type="checkbox"/> Non- Hispanic/Latino | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian                                     |   | <input type="checkbox"/> Black or African American         |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |   | <input type="checkbox"/> White                             |
| <input type="checkbox"/> Mixed Race                                |   |  |

**"Everyone Deserves A Second Chance"**

**Last Grade Completed:**

- No Schooling
- Grades 1-5
- Grades 6-8
- Grades 9-12
- GED
- High School
- Some College
- College Degree
- Apprenticeship
- Vocational

Last Year Attended: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

**Citizenship Status**

- US Citizen
- lawfully admitted alien
- No response

Native Language \_\_\_\_\_

Date of Arrival in US: \_\_\_\_\_

HIB-VISA:  Yes  No

Driver's License  Yes  No

Reliable Transportation:  Yes  No

Registered to Vote?  Yes  No

**Employment History:**

Name of Supervisor	Name of Business	How Long	Job Description
1.			
2.			
3.			

Current Medications within last 12 months or N/A if none:                      Dosage                      Times

1.		
2.		

3.		
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**Violation History**  
**All Applicants MUST Complete This Form**

1. Have you ever been convicted of a felony (as a juvenile or adult)?  Yes  No
2. Are you scheduled for any court dates?  Yes  No
  - a. Court Date (s): \_\_\_\_\_
  - b. Judge (s): \_\_\_\_\_
3. Are you currently on juvenile/adult probation?  Yes  No
 

If yes, Probation Officer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Length of Probation Time: \_\_\_\_\_

If you have no offenses, you must write NONE below.

Offense	Location/County	MM/YYYY	Adjudication/Outcome of Charge
1.			
2.			
3.			
4.			

Please use the space below for additional information or comments that you would like to share:

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_