



# Youth Pre-Employment Interest Questionnaire

Department of Social Services

Division of Family Independence | Comprehensive Employment Division

B-5801 (2/2024)

Please answer the following questions. Return this form with the completed packet.

Summer Youth Participant Name	Email	DOB	Age
Address		City	Zip Code
Name of Parent/Guardian/Applicant (if Head of Household)			Number of Members in Household
Race/Ethnicity			
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	
Gender Identity			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> X
<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer Not to Say	<input type="checkbox"/> Different Identity:	
Please check any that apply to you			
<input type="checkbox"/> Homeless	<input type="checkbox"/> Runaway	<input type="checkbox"/> Foster Care	
<input type="checkbox"/> Juvenile Justice System Involved	<input type="checkbox"/> Impacted by gun violence		
Are you currently attending school or high school equivalency program? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, Name of School/Program: _____			
Current grade in school: _____			
Please check all that apply as of today			
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Completed High School Equivalency Program	<input type="checkbox"/> College Student	
Please indicate your plans for the Fall			
<input type="checkbox"/> Attend High School	<input type="checkbox"/> Attend College	<input type="checkbox"/> Enroll in Vocational Training Program	
<input type="checkbox"/> Enlist in the Military	<input type="checkbox"/> Find a Job	<input type="checkbox"/> Unsure	
Please check any that apply to you and specify if accommodations are needed.			
<input type="checkbox"/> Learning disabled, please explain:	_____		
<input type="checkbox"/> Physically disabled, please explain:	_____		
<input type="checkbox"/> Limited English, preferred language:	_____		
What technology devices do you have access to use?			
<input type="checkbox"/> Personal Computer (PC)	<input type="checkbox"/> Laptop	<input type="checkbox"/> Tablet/iPad	<input type="checkbox"/> Smart phone <input type="checkbox"/> None
What previous work experience do you have?			
_____			
What are some of your hobbies and interests?			
_____			
What activities are you involved in outside of school?			
_____			
Mode of Transportation			
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Walk	<input type="checkbox"/> Other:	_____
<input type="checkbox"/> Drive own vehicle	<input type="checkbox"/> Get rides from people		
<input type="checkbox"/> Public transportation	<input type="checkbox"/> Taxi		