



Youth Pre-Employment Interest Questionnaire

Department of Social Services

Division of Family Independence | Comprehensive Employment Division

B-5801 (3/2026)

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

Youth Participant Name		Email	DOB	Age
Address		City	Zip Code	
Emergency Contact		Emergency Contact Phone Number		
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 disability, please explain: _____				
<input type="checkbox"/> Physical disability, 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				