VIRGIN ISLANDS HOUSING AUTHORITY

Section 3 Program (2.0): Training & Employment Assessment Form

Confidentiality Notice: by completing and submitting this form, you authorize the Virgin Islands Housing Authority to process this form and any other relevant information for employment, training, administrative and reporting purposes. To the extent required by law, the Virgin Islands Housing Authority will keep such information confidential, and extent permitted by law, the Virgin Islands Housing Authority will share such information with other local or federal job training, employment, support services, or sources of funds in connection with such employment training or the administration of public housing.

Today's Date:_____/_____/_____

Please answer all questions completely:

◘ Mr. ◘ Mrs. ◘ Ms.

Name: _____ _____ _____
First Middle Last

Suffix: _____

Date of Birth: _____ | Place of Birth: _____ | Age: _____

Contact Information: Home Ph: _____ | Cell Ph: _____

Email Address: _____ |

Mailing/ Address: _____, _____, _____
Street/PO Box City State Zip

Are you a VIHA Resident? □ Yes □ No |
If yes, Name Residing Community _____

Are you an HCVP (Section 8) participant? □ Yes □ No |
If yes, Household Physical Address: _____

Are you a U.S. Citizen? □ Yes □ No |
If no, Indicate Citizenship Status: _____

What is your primary language? □ English □ Spanish □ French □ Creole □ Other |
If other, please indicate: _____

Educational Background:

Please indicate the highest grade-level of education you have completed.

Elementary - Middle - High School												Undergraduate Years						Graduate/Post-Grad Years							
□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	1	2	3	4	5	6	7	8

Did you earn a diploma/degree? □ Yes □ No | If yes, what type? □ High School □ GED □ 2-Year College Degree □ 4-Year College Degree □ Master's Degree □ Doctoral Degree

Diploma or Degree Earned: _____ Date Received: _____

Are you currently attending school? □ Yes □ No | If yes, please indicate below:

□ Working on GED □ High School □ Vocational/Technical School □ Undergraduate □ Graduate

Date Started: _____ Major: _____ Expected Graduation Date: _____

Training History:

Have you ever been enrolled in a VIHA sponsored or another training program? □ Yes □ No | If yes, please indicate:

Program Name: _____
Date Enrolled: _____
Date Completed: _____
Certificate Earned: _____

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Date Enrolled: _____
Date Completed: _____
Certificate Earned: _____

Driving History:

Do you possess any professional licenses, such as plumbing, HVAC, electrical, contractor, cosmetology, etc?
□ Yes □ No | If yes, please indicate the type(s): _____

Do you possess a valid U.S. Virgin Islands driver's license? □ Yes □ No | If yes, what class? _____
Has your license ever been suspended or revoked? □ Yes □ No
| If yes, why? _____

Do you have reliable transportation or use of a car? □ Yes □ No

Skills & Interests:

Please indicate employment skills you have (such as typing, childcare, painting, landscaping, cleaning, construction, etc.) & the number of months or years of experience (M/YOE) you have working in that skill area.

Skill 1:_____ M/YOE: _____ □ Month(s) □ Year(s)

Skill 2:_____ M/YOE: _____ □ Month(s) □ Year(s)

Skill 3:_____ M/YOE: _____ □ Month(s) □ Year(s)

Skill 4:_____ M/YOE: _____ □ Month(s) □ Year(s)

Please indicate what skill(s) below you are interested in learning. You may check more than one (1).

□ Office Work	□ Clothing Construction	□ Computer Literacy
□ Job Readiness	□ Landscaping	□ Maintenance
□ Vocational/GED	□ Carpentry	□ Childcare
□ Marine Industry	□ Cosmetology	□ Nursing
□ Painting	□ Sales Representative	□ Construction

□ Other:_____

What is/are your career goal(s): _____

Employment History:

What is your current employment status? (Please check all that apply) □ Employed Full Time (20+ hrs/wk) □ Employed Part Time (Less than 20 hrs/wk) □ Self-Employed □ Unemployed (Receiving Unemployment Insurance Benefits) □ Unemployed (Not Receiving Unemployment Insurance Benefits)

Please list every job you've had in the last twelve (12) months beginning with the most recent.

Job Title	Employer Name & Address	Date Started	Date Ended
Duties/Responsibilities:			
Reason for Leaving:			
Job Title	Employer Name & Address	Date Started	Date Ended

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Job Title	Employer Name & Address	Date Started	Date Ended
Duties/Responsibilities:			
Reason for Leaving:			

Which Section 3 (2.0) Classification best describes your interest in the program? (Choose only 1)

□ On the Job Training □ Construction □ Educational Pursuits

What resources do you need in order to look for or get a new or better job? (Check all that apply)

□ Financial Counseling □ Childcare □ Parenting Classes □ College Preparation □ Transportation

□ Drug and/or Alcohol Counseling

_____ _____

Applicant's Signature & Date Received by: (VIHA Employee Only)

FOR OFFICIAL USE ONLY

This section is to be completed only by the VIHA Employees receiving and processing the application.

This is to certify that _____is a bona fide VIHA resident or Housing Choice Voucher Program participant.

Resident verified by: _____ _____
Signature of VIHA Employee Title

Date of Verification: _____

Received by: _____ _____
(Print) Name of VIHA Employee Title

Date Received: _____

Resident Referred To: _____

Date of Referral: _____