

## SCREENING TOOL

5230 West US Highway 98  
Panama City, FL 32401  
850-872-3853

Date \_\_\_\_\_ Program of Study \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ home \_\_\_\_\_ work  
\_\_\_\_\_ cell

Address: \_\_\_\_\_  
Street City County State Zip

**\*\*HAVE YOU EVER RECEIVED ASSISTANCE FROM JTPA BEFORE?**

\_\_\_\_\_yes \_\_\_\_\_no

Have you lived in Florida for the past 12 months? \_\_\_\_\_yes \_\_\_\_\_no

Are you currently in school \_\_\_\_\_yes \_\_\_\_\_no

Marital Status: \_\_\_\_\_Married \_\_\_\_\_Single  
\_\_\_\_\_Divorced \_\_\_\_\_Widowed

Number of dependents (including self) \_\_\_\_\_

Are you a citizen of the United States OR authorized to work in this country?  
\_\_\_\_\_yes \_\_\_\_\_no

Employment status: \_\_\_\_\_Employed \_\_\_\_\_Unemployed

What is your approximate before taxes family income: \$ \_\_\_\_\_

Do you have: \_\_\_\_\_Felony \_\_\_\_\_Misdemeanor

Do you have limited understanding of English? \_\_\_\_\_yes \_\_\_\_\_no

**PLEASE COMPLETE SECOND PAGE TOO.**

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Public Assistance Status (Welfare, TANF):

\_\_\_\_\_ Applied for                      \_\_\_\_\_ Receiving                      \_\_\_\_\_ Not Applicable

Food Stamp Status:

\_\_\_\_\_ Applied for                      \_\_\_\_\_ Receiving                      \_\_\_\_\_ Not Applicable

Unemployment Compensation Status:

\_\_\_\_\_ Applied for                      \_\_\_\_\_ Receiving                      \_\_\_\_\_ Not Applicable

\_\_\_\_\_ Exhausted Benefits

Education Level:

\_\_\_\_\_ Less than High School                      \_\_\_\_\_ Highest grade completed

\_\_\_\_\_ High School Diploma/GED                      \_\_\_\_\_ AA/AS Degree

\_\_\_\_\_ BA/BS Degree                      \_\_\_\_\_ MA/MS Degree

\_\_\_\_\_ Ph.D/Ed.D

Please list your last **three** employers, beginning with the most recent

Company Name	How many months?	End date	Salary	Reason for leaving

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After completing this screening tool, you will meet with a career manager to determine your eligibility. This tool in no way guarantees your acceptance as a student under the Workforce Training Center. Any incomplete or false statements will disqualify you from consideration. Please be thorough in your answers.

I agree to allow the career managers who are determining my eligibility for scholarships from GCCC Workforce Training Center access to my past educational transcripts.

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Name

Date