



Allen County

A proud partner of the American Job Center network

OhioMeansJobs Allen County Healthcare Grant Screening Form

Name: _____ Last 4 SSN: _____

Address: _____ City _____ State _____ ZIP _____ County _____

Birthdate: _____ Home Phone: _____ Cell Phone: _____

E-Mail: _____

Are you a United States Citizen or eligible to work in the United States? Yes No

Males born after 1960 – Have you registered with Selective Service? Yes No

Total number of people in household? _____ Number of minor children living in the household? _____

Are you currently employed? Yes No Current Employer: _____

Position _____ Hourly Wage _____ Average hours per week _____

If married, is your spouse employed? Yes No

Do you have an Associates, Bachelor's, or Master's degree or a recognized certification? Yes No

If yes, list degree or certification and year attained: _____

Are you currently in post-secondary training? Yes No

If yes, current school/college _____ Training program/major _____

Degree you are seeking (Certificate, Associate, Bachelor's, Master's, Professional):

Expected graduation date _____

If you are interested in starting post-secondary education or training, please list school, program, expected dates and duration of program, and expected cost of training:

For more information on the healthcare grant and other OhioMeansJobs programs and services, please visit our website at www.omjallen.com