Fax completed form to Eaglevision Offices at (517) 574-5654.

Eaglevision E-VET Assessment Form

Name: _____ Date: _____

Phone: _____ Address: _____

Email: _____

Gender: ___ Male ___ Female

Ethnic background: ___ Caucasian ___ Native American ___ African American ___ Other Minority ___ Hispanic

DOB: _____

Age: ___ 18-19 ___ 20-24 ___ 25-29 ___ 30-34 ___ 35-44 ___ 45-54 ___ 55-64 ___ 65+

Other Demographics: (Please circle)

Economically Disadvantaged	Yes / No
Welfare Recipient	Yes / No
Disabled	Yes / No
Special Disabled	Yes / No
Homeless	Yes / No
Chronically Homeless	Yes / No

If marked homeless please indicate circumstances on line below:

_____

What is your highest level of education/training? _____

Employment:

Are you currently employed? Yes / No

Wage per hour: _____ Hours per week: _____

Name of employer: _____

Address of employer: _____

Last military service:

___ 0-3 Years Ago ___ 4-7 Years Ago ___ 8-11 Years Ago ___ 12-15 Years Ago ___ 16-19 Years Ago ___ 20+ Years Ago

Date of military discharge: _____

Status at military discharge: _____

Veteran Service Information: (Please circle)

Served Active Duty (Title 10):	Yes / No
Recently/Newly Separated:	Yes / No
Campaign Badge:	Yes / No
Operation Iraqi Freedom:	Yes / No
Operation Enduring Freedom:	Yes / No

Conviction history:

Ever been arrested? Yes / No

Ever convicted of crime? Yes / No

Were you incarcerated? Yes / No

Date of most recent arrest: _____

Level of conviction: _____

If incarcerated where: _____

Date of release: _____

Other:

Have you ever enrolled in a WIA program? Yes / No

Program Name/Case Manager: _____

Comments/Notes: _____

_____ _____

Case Manager Name (*who reviewed form*) Date