

FSCJ Program Initial Interview Checklist

Interviewed by: _____

Name: _____	Phone Number: _____
Date: _____	Zip Code: _____
Email: _____	

Interview Checklist Items	Yes	No	Not Required	Comments
Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S.S. Card, Birth Certificate, Diploma, Driver's license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Need Copies of each
Traffic Fines?				
Completed Driver's License Check?				DL #
Completed Local Background Check?				
Veteran / Discharge Type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment / Funding? (support system)				
Unemployed / Under Employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many hrs. Per week?
Household Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TABE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Criminal background? • Scheduled Court dates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attended other programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Currently Attending school?				
Owe money to the College?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Willing to travel or relocate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Performance Interview Planning Checklist

Dress code / hair cut is requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Screening? <ul style="list-style-type: none"> • Lift at least 40 Lbs. • Physical training • Diabetic • Blood Pressure 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Court Dates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Understand this training does not guarantee employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participant signature Block
• Acknowledge you will be terminated from the program if you do not adhere to program regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participant signature Block
• Acknowledge you can attend school 8-5, Monday – Friday for 8 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participant signature Block
• Acknowledge you will not receive money for attending this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participant signature Block
• Willing to learn use an e-reader instead of paper books				Participant signature Block
Conclusion				
Has an overview of action steps been communicated (including a time frame for completion)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a follow-up meeting / Drug screening date been discussed with the applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	