

# Employment Services Intake Form



## Client Information

|   |                 |                    |  |
|---|-----------------|--------------------|--|
| First Name  |                 | Last Name          |  |
| Address   |                 | Apartment / Unit # |  |
| City  | State           | Zip                |  |
| Home phone  | Alternate Phone |                    |  |
| Email Address   |                 |                    |  |
| Are you currently receiving any other job search services or assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                    |  |

## Education and Training

|   |  |                       |  |
|---|--|-----------------------|--|
| Check all that apply to you: <input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Technical <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters |  |                       |  |
| Are you currently in school?  |  | School Name           |  |
| Pursing   |  | Anticipated End Date  |  |
| Please list any occupation license or training certificates you currently hold:   |  |                       |  |
| Are you interested in enrolling in school? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                       |  |
| Field of Study  |  | Intended job / career |  |

## Employment

|  |                     |
|--|---------------------|
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |
| <b>Please list your last 3 employers:</b>  |                     |
| Company #1   | Job Title/Position: |
| Start Date:  | End Date:           |
| Reason for leaving:  |                     |

|                     |                     |
|---------------------|---------------------|
| <b>Company #2</b>   | Job Title/Position: |
| Start Date:         | End Date:           |
| Reason for leaving: |                     |
| <b>Company #3</b>   | Job Title/Position: |
| Start Date:         | End Date:           |
| Reason for leaving: |                     |

## Job Readiness

How will you get to work/school every day?

Do you have a computer at home?  Yes  No

Do you have Internet access for your computer?  Yes  No

## Skills

| Office                                    |   | Computer                             |  |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Typing WPM _____ | <input type="checkbox"/> Bookkeeping      | <input type="checkbox"/> Networking  | <input type="checkbox"/> Software        |
| <input type="checkbox"/> Reception        | <input type="checkbox"/> Data Entry       | <input type="checkbox"/> Help Desk   | <input type="checkbox"/> Programming     |
| <input type="checkbox"/> Word             | <input type="checkbox"/> Excel            | <input type="checkbox"/> Graphics    | <input type="checkbox"/> Telecomm        |
| <input type="checkbox"/> Outlook          | <input type="checkbox"/> PowerPoint       | <input type="checkbox"/> Engineer    | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Internet         | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____     |
| Retail/Food Service/Hospitality           |   | Other Professional Skills            |  |
| <input type="checkbox"/> Cashier          | <input type="checkbox"/> Food Prep        | <input type="checkbox"/> Accounting  | <input type="checkbox"/> Security        |
| <input type="checkbox"/> Server           | <input type="checkbox"/> Housekeeping     | <input type="checkbox"/> Child Care  | <input type="checkbox"/> Banking         |
| <input type="checkbox"/> Grocery          | <input type="checkbox"/> Cruise Line      | <input type="checkbox"/> Education   | <input type="checkbox"/> Cosmetology     |
| <input type="checkbox"/> Sales            | <input type="checkbox"/> Management       | <input type="checkbox"/> Coaching    | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Janitorial       | <input type="checkbox"/> Warehouse        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____     |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_