

EMPLOYMENT OPPORTUNITY CENTER SELF HELP, INC. INTAKE FORM

Note: Please bring a copy of your most recent resume to your appointment!

Demographic Information:

Name:	Date:
Date of Birth:	Relationship Status:
Home/Mobile Phone:	Is it ok to leave a message for you at this number? Y / N
Work Phone:	Is it ok to leave a message for you at this number? Y / N
Email:	Is it ok to email you? Y / N
Mailing Address:	
Current occupational status: (i.e., F/T, P/T, self-employed, student, returning to work):	
Emergency Contact Name:	Emergency Contact Phone:
Emergency Contact Relationship:	
How were you referred?	If online, which website?

Ethnicity:

- American Indian or Alaskan Native
- Asian
- Black (not if Hispanic origin)
- Cape Verdean
- Haitian
- Hawaiian or Pacific Islander
- Hispanic
- White (not if Hispanic origin)
- Other: _____

Referral:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Career Center <input type="checkbox"/> Flier/Brochure/Poster <input type="checkbox"/> Library <input type="checkbox"/> Recruiter <input type="checkbox"/> Student(Current/Previous) <input type="checkbox"/> Waiting List <input type="checkbox"/> Walk-in (newspaper) <input type="checkbox"/> Walk-in (school) <input type="checkbox"/> Walk-in (cable tv) <input type="checkbox"/> Welfare/Transitional Assistance <input type="checkbox"/> Other: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Community Organization <input type="checkbox"/> Court <input type="checkbox"/> Head Start <input type="checkbox"/> Workplace <input type="checkbox"/> Literacy Program <input type="checkbox"/> Probation Officer <input type="checkbox"/> Social Services/MA Rehab <input type="checkbox"/> Unemployment Office <input type="checkbox"/> Walk-in (friend/relative) <input type="checkbox"/> Self Help Program <input type="checkbox"/> Walk-in (self) <input type="checkbox"/> Word of Mouth |
|--|---|

Country of Birth: _____	Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Arrival Year in US: _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Green Card? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a work visa? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you object to a CORI check? : <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education/Training:

Last Grade Completed in US:		Last Grade Completed in Foreign Country:	
Schooling Completed: <input type="checkbox"/> No High School Diploma <input type="checkbox"/> US High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> ADP/EDP <input type="checkbox"/> Equivalent of HS Diploma in Another Country <input type="checkbox"/> Associate Degree (2 years beyond H.S.) <input type="checkbox"/> Bachelor Degree (4 years beyond H.S.) <input type="checkbox"/> Masters Degree (1 or more years beyond Bachelors) <input type="checkbox"/> Doctorate Degree			
Last Adult Education Center Attended:			
State:		Last Year Attended:	
Obtained GED Before Enrollment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	GED Score:	

Briefly list the highest level of formal education you have obtained and any other relevant education, certifications, or specialized training:

Employment Information:

1. Current job title/employer:
2. Years in current position:
3. Are you having any difficulties/stressors in your current job? If so, please briefly describe those difficulties.

EMPLOYMENT AND HOUSEHOLD:

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed and Looking for Work <input type="checkbox"/> Unemployed and Not Looking for Work <input type="checkbox"/> Retired or Otherwise Not Looking for Work <input type="checkbox"/> Homemaker	
Concerned About Layoff: (if employed) <input type="checkbox"/> Yes <input type="checkbox"/> No	Recently Laid Off: (if unemployed) <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation/Job Title: (required if employed)	
Name and Address of Employer: (required if employed)	
Start Date of Current Job: _____ (Month) _____ (Year)	
Job Type: <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Part Time (less than 30 hrs/wk) <input type="checkbox"/> Multiple Jobs # Hours Work Per Week _____	

Previous Employment: Occupation/Job Title: (previous employment)						
Name and Address of Employer:						
Job Type: <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Part Time (less than 30 hrs/wk) <input type="checkbox"/> Multiple Jobs # Hours Work Per Week _____ How long did you work here: ____ Years ____ Months						
Previous Employment: Occupation/Job Title: (previous employment)						
Name and Address of Employer:						
Job Type: <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Part Time (less than 30 hrs/wk) <input type="checkbox"/> Multiple Jobs # Hours Work Per Week _____ How long did you work here: ____ Years ____ Months						
Income: Personal ___ \$0 - \$4,999 ___ \$5,000-\$9,999 ___ \$10,000-\$14,999 ___ \$15,000 - \$19,999 ___ \$20,000-\$29,999 ___ \$30,000-\$39,999 ___ Over \$40,000						
Income: Household ___ \$0 - \$4,999 ___ \$5,000-\$9,999 ___ \$10,000-\$14,999 ___ \$15,000 - \$19,999 ___ \$20,000-\$29,999 ___ \$30,000-\$39,999 ___ Over \$40,000						
Public Assistance: <input type="checkbox"/> TAFDC (Transitional Aid to Families with Dependent Children) <input type="checkbox"/> EAEDC (Emergency Aid to the Elderly, Disabled and Children) <input type="checkbox"/> Food Stamp Benefits <input type="checkbox"/> EA (Emergency Assistance) <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> None <input type="checkbox"/> Other						
Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No				Shelter Name: (required if homeless)		
Single Parent/Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No				_____ # Adult Caregivers		Dependents: <input type="checkbox"/> Yes <input type="checkbox"/> No
List of Caregivers: ___ Mother ___ Father ___ Significant Other ___ Grandparent ___ Aunt ___ Uncle ___ Other						
Dependent Birth Year:						
In School (PreK-12)(Y/N)						

Career Information (please use as much room as needed):

1. Why are you seeking career counseling?

2. What do you hope to accomplish from career counseling?

3. What are your current career goals? (Even if you are very uncertain, just fill in any thoughts that you might have.)

4. What are the skill requirements for your next job (the job you are seeking or would like to pursue)?

5. If you could do anything you wanted, what would it be?

6. Which 3-5 of these values is most important to you regarding your work?

- | | | | | |
|--|---|---|------------------------------------|--|
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Environment | <input type="checkbox"/> Leadership | <input type="checkbox"/> Stability | <input type="checkbox"/> Enjoyment |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Money | <input type="checkbox"/> Moral Fulfillment | <input type="checkbox"/> Security | <input type="checkbox"/> Competition |
| <input type="checkbox"/> Helping others | <input type="checkbox"/> Status/recognition | <input type="checkbox"/> Intellectual Stimulation | <input type="checkbox"/> Variety | <input type="checkbox"/> Challenge/adventure |
| <input type="checkbox"/> Helping society | <input type="checkbox"/> Free time/leisure | <input type="checkbox"/> Self-Direction | <input type="checkbox"/> Authority | <input type="checkbox"/> Independence |

7. What kinds of barriers could get in the way of meeting your career goals?

SCHEDULING AVAILABILITY:

	Morning	Afternoon	Evening	Anytime
Monday:				
Tuesday:				
Wednesday:				
Thursday:				
Friday:				
Saturday:				
Sunday:				
Any Weekday:				
Any Day:				
Will Take Classes in Summer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Available Hours Per Week: _____	

TECHNOLOGY AVAILABILITY: Check all that apply

	In the Home	Portable/Laptop	Public Access or Outside The Home
Computer			
Internet Access			
E-Mail Address			
DVD			
Other: (Program enters)			
None of above			
All of above			

DISABILITIES AND ACCOMMODATIONS:

Was the student informed that he/she does not have to inform the program of a disability, however, self-disclosing this information would make the student eligible for reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an apparent physical disability OR did the student disclose a disability? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

* If Yes, complete the Disabilities and Accommodations section.

DISABILITIES:

	Disclosed/Observed (check if Yes)	Documented (check if Yes)
None		
Hearing Loss		
Vision Impaired		
Speech Impairment		
Legally Blind		
Deaf		
Non-verbal		
Paralysis		
Missing Extremities		
Nonparalytic Orthopedic		
Specific Learning Disability (SLD)		
Other:		

ACCOMMODATIONS:

	Requested (check if Yes)	Provided (check if Yes)
None		
Reader/Signer		
Modified Teaching Materials		
Audio		
Architecturally Accessible		
Distraction Free Spaces		
Alternative Location		
Test Schedule		
Scribe/Note-Taker		
Adaptive Equipment		
Extended Time		
Other:		

