

## Intake Form

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Referred By: \_\_\_\_\_

Are you a Jobs PLUS Client:  Yes  No JobsPLUS Coach Name and Extension: \_\_\_\_\_

Do you need childcare services?  Yes  No

If accepted, are you available to attend class full-time Monday – Friday 8:00am – 3:30pm?  Yes  No  
Transportation:  Car  Public (Bus/Walk) Driver's License:  NYS  Permit  None

2. Which program are you applying for? (you may choose more than one)

- Build Ready (Construction)**
- Health Train (Clinical) for Certified Nurse's Aide/ Certified Home Health Aide**
- Health Train (Life Skills) for Certified Home Health Aide, Environmental & Nutritional Services, & Patient Support Technician/Transporter)**
- ProTrain (Manufacturing)**

### 3. EDUCATION

High School: \_\_\_\_\_ Highest Grade:  9  10  11  12

Did you graduate high school?  Yes  No

Additional education:  some college  completed AA degree  completed BA degree  other: \_\_\_\_\_

Degrees/ Certificates (Date): \_\_\_\_\_

### 4. EMPLOYMENT HISTORY

Company: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

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Work Skills/Experience: \_\_\_\_\_

### 5. CITIZENSHIP

Country of Origin: \_\_\_\_\_ Date of Entry in U.S.: \_\_\_\_\_

Citizenship:  US Citizen  Permanent Resident  Refugee  Other: \_\_\_\_\_

Can you successfully clear a background check at this time?  Yes  No  Unsure

Have you ever been convicted of a crime, including misdemeanors and traffic violations?  Yes  No

If yes, describe in full \_\_\_\_\_

**5. EMPLOYMENT/PUBLIC ASSISTANCE**

Are you currently employed?  Yes  No

If yes, describe below the current days and hours you are currently working:

\_\_\_\_\_ Pay rate: \$ \_\_\_\_\_

If hired from the program, are you available to work weekends & holidays?  Yes  No

Are you presently receiving income from any of the sources listed below?  Yes  No \* Mark all that apply

- Wages                       Food Stamps                       Housing/Rental assistance                       Medicaid                       Child Support
- Unemployment                       TANF                       DSS Safety Net                       Other \_\_\_\_\_

Number of dependents \_\_\_\_\_ Current amount being received: \_\_\_\_\_

Start date of when you started to receive benefits \_\_\_\_\_

**HealthTrain ONLY:**

Do you have prior Healthcare experience? If yes, describe below:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Build Ready/ProTrain ONLY:**

Do you have prior manufacturing or construction experience or certifications? If yes, describe below:  Yes  No

Do you have your OSHA Construction or General Industry certification?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION AGREEMENT**

I understand that by agreeing to participate in the programs of Work Train, certain specific information will be obtained and released among agencies, individuals and organizations that provide me with services to help meet employment or other goals. This information is necessary to establish my identity, verify employment and educational background and other characteristics that may make me eligible for services.

Information to be shared would include:

- Identification verification
- Program eligibility information including income
- Employment
- Address & Phone Number
- Education & Training

Other information collected may be used for research purposes but will not be linked to your name.

I understand that I may see the information that is to be shared, and that I may revoke the authorization at any time by written, dated communication. I understand that refusal to allow sharing of information may result in an inability to be served by this program.

I have read and understand the nature of this release.

Signature

Date



**BUILD READY**

