



Workforce Connections of Pike County

Intake Application

Date _____ Referred from: _____

Name _____ SSN _____ DOB _____

Address _____

City _____ County _____ State _____ Zip _____

Phone # _____ Message # _____

E-Mail Address: _____

1. What services are you currently seeking?

- Mill's Pride
- Re-Employment
- Trade/Rapid Response
- Youth

- Job Search/Placement Services
- Job Training Services
- Resume
- Partner Service
- Other _____

2. Are you presently employed?

Yes No

a. If YES, complete the following:

Name of Employer _____ Supervisor: _____

Address of Employer _____

Date Employment Began _____ Hourly Rate _____

Job Title _____ Hours Per Week _____

b. If NO, complete the following:

When were you last employed? From _____ To _____

Who was your employer? _____

What was your job title? _____

Were you permanently laid off from your last job? Yes No

Was this layoff due to a business closure or reduction in force? Yes No

What is preventing you from obtaining employment now? (check all that apply)

- Child Care
- Lack of Necessary Skills
- Pregnancy
- Transportation
- No Work Experience
- Homelessness
- Court Involvement
- Disability _____
- Driver's license
- Other _____

c. Do you have a valid driver's license?

Yes No

3. Do you have a High School Diploma or GED?

Yes No

a. If NO, what is the highest grade level you completed? (circle last grade completed)

1 2 3 4 5 6 7 8 9 10 11 12

4. Do you have a degree or completion certificate for higher education?

Yes No

a. If YES, what degree/certification do you have? _____ Date completed: _____

b. Where did you receive your degree? (College/Vocational School/Training Facility) _____

PLEASE COMPLETE REVERSE SIDE

5. Do you sometimes have a hard time learning in a classroom setting? Yes No

a. If YES, answer the following:

Do you want to be screened for a learning disability? Yes No

Have you ever been diagnosed with a learning disability? Yes No

If YES, who diagnosed your disability? _____

6. Are you currently enrolled in and attending a training or education program? Yes No

a. If YES, complete the following:

What training/education facility are you attending? _____

What program are you enrolled in? _____

When do you expect to complete the program? _____

What grants have you applied for? Federal Pell Grant
 Ohio Instructional Grant
 Other _____

b. If NO, do you want to begin a training or education program? Yes No

What program? _____

Where is it offered? _____

When does it begin? _____

What grants have you applied for? Federal Pell Grant
 Ohio Instructional Grant
 Other _____

7. Do you or a family member receive any type of public assistance? Yes No

a. If YES, what are you receiving? (check all that apply)

TANF (cash assistance) Supplemental Security Income (SSI)
 Food Stamps Other _____

8. Are you or a family member receiving assistance from any other agency or program? Yes No

a. If YES, what agency or program? _____

9. Are you a Veteran of the Armed Forces? Yes No

a. If YES, what branch of service? _____

What were your dates of service? From _____ To _____

Are you receiving any Veteran's benefits or assistance? Yes No

If YES, what benefits or assistance are you receiving? _____

10. What is your estimated HOUSEHOLD income for the last 30 days? _____

a. How many people are in your household? _____

How many are dependents under 18 years old? _____

Applicant's Signature _____ Date _____

STAFF USE ONLY					
Reading Grade Level _____	Date of job matching registration _____				
Math Grade Level _____	User Name _____				
Date Administered _____	Password _____				
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