



Common Intake Form

Tell us a little about you: Last 4 SSN _____ State ID _____

Name _____ Age ☐ 16-24 ☐ 25 or older

Address _____

Email _____ Phone _____

Gender ☐ Male ☐ Female ☐ Prefer not to answer

Ethnicity ☐ Hispanic/Latino ☐ Black ☐ Native American/Native Alaskan ☐ Prefer not to answer
☐ Asian ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Other

Veteran Status ☐ Not a Veteran ☐ Veteran ☐ Transitioning Service Member
☐ Spouse of a Veteran ☐ Prefer not to answer

Authorized to work in US ☐ US Citizen ☐ Resident Alien ☐ Work Authorization ☐ Refugee

Do you have a disability? ☐ Yes ☐ No ☐ Prefer not to answer

Work Status ☐ Employed ☐ Military Separation ☐ Received notice of separation
☐ Unemployed ☐ Migrant Seasonal Farm Worker

How did you hear about us? _____

Do you have a valid Driver's License? ☐ Yes ☐ No

Do you have access to reliable transportation? ☐ Yes ☐ No

Were you laid off from your most recent job? ☐ Yes ☐ No If yes, date of layoff? _____
If yes, from which company? _____

Are you currently receiving or have you received Unemployment Insurance? ☐ Yes ☐ No

Are you interested in completing a certification or training program? ☐ Yes ☐ No

What is your desired occupation? _____

Household Income _____ Number in household _____

Have you registered in Jobs4TN? ☐ Yes ☐ No

Are you in foster care or aged out of the foster care system? ☐ Yes ☐ No

The American Job Center is here to assist you in working toward training and employment goals. When you complete this form, we will refer you to appropriate partners to assist you in achieving your goals.



Common Intake Form Continued

Financial or Programatic Assistance - Please check all forms of assistance you have received in the last 6 months:

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> SNAP | <input type="checkbox"/> Refugee Assistance |
| <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> Alimony Assistance | <input type="checkbox"/> Vocational Rehabilitation Services |

Barriers to Employment - Please check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Lack Job Skills | <input type="checkbox"/> Lack HiSET or HS Diploma | <input type="checkbox"/> Displaced Homemaker |
| <input type="checkbox"/> Justice Involved | <input type="checkbox"/> Homeless | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Long term unemployed | | |

Education Level

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> HS Diploma/HiSET | <input type="checkbox"/> Some College/Previous Training | <input type="checkbox"/> Associates | <input type="checkbox"/> Bachelors |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Doctorate | <input type="checkbox"/> Less than HS Diploma | <input type="checkbox"/> English Language Learner |

What is the primary reason for your visit? _____

- | | | | |
|-------------------|--|------------------------------|-----------------------------|
| Do you need help: | Preparing a resume/cover letter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Preapring for a job interview? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Learning how to fill out a job application/searching for employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Official Use Only

Staff Assisting: _____ Date: _____

- | | | | |
|-------------|---|--|--------------|
| Referred to | <input type="checkbox"/> Title I Adult | <input type="checkbox"/> Voc Rehab | Notes: _____ |
| | <input type="checkbox"/> Title I DW | <input type="checkbox"/> Title V/SCSEP | _____ |
| | <input type="checkbox"/> Title I YouthCAN | <input type="checkbox"/> TANF | _____ |
| | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Resource Room | _____ |
| | <input type="checkbox"/> Wagner Peyser | <input type="checkbox"/> Job Corps | _____ |
| | <input type="checkbox"/> DVOS | <input type="checkbox"/> Ticket to Work | _____ |
| | <input type="checkbox"/> SNAP E&T | <input type="checkbox"/> Workshops _____ | _____ |
| | <input type="checkbox"/> TAA/TRA | <input type="checkbox"/> Other _____ | _____ |
| | <input type="checkbox"/> TN Reconnect | <input type="checkbox"/> Other _____ | _____ |

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