

## Employment Intake Form

**Document Checklist:**

- Copy of Social Security Card
- Copy of Work Authorization Document (Green Card, I-94, etc)
- Document indicating receipt of Cash Assistance

Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Reinstatement Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
M.I

Present Address \_\_\_\_\_  
Street
City
State
Zip Code

Date of Birth	Race	Gender	Marital Status	# of Dependants

**Are you Hispanic?** YES    NO

**Immigration Status:**

- Refugee Section 212
- Refugee Section 207
- Immigrant
- Permanent Resident
- U.S. Citizen
- Asylee
- Secondary Migrant
- Undocumented
- Nonimmigrant: Visa Type \_\_\_\_\_
- Other \_\_\_\_\_

Alien #	Social Security Number

Date of arrival in USA	State of Entry	Date & State of Secondary Migration If applicable	Resettlement Agency

Length of time in U.S.	Country of Origin	Primary Language
<input type="checkbox"/> 0-12 months <input type="checkbox"/> 13-36 months <input type="checkbox"/> 37-60 months <input type="checkbox"/> Other _____		

**Public Assistance Recipient? (If, yes, what type and copy of documentation):** YES    NO

Source (s) of Income/Financial Assistance earned or received (check all that apply):

Source	Amount	Source	Amount	Source	Amount
<input type="checkbox"/> AABD (Aid to Aged, Blind & Disabled)		<input type="checkbox"/> Medicaid		<input type="checkbox"/> Stipend	
<input type="checkbox"/> Alimony		<input type="checkbox"/> Medicare		<input type="checkbox"/> TANF/ADC	
<input type="checkbox"/> Child Support		<input type="checkbox"/> Pension/Retirement		<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Contributions from others		<input type="checkbox"/> Self Employment Wages		<input type="checkbox"/> VA Benefits	
<input type="checkbox"/> Employer Wages		<input type="checkbox"/> SSDI		<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Food Stamps (EBT)		<input type="checkbox"/> SSI		<input type="checkbox"/> Other (specify)	

Are You a Military Veteran?  Yes     No

Are You Disabled?  Yes     No    If yes, what type of disability? \_\_\_\_\_

Domestic Violence Victim?  Yes  No

**Household Information:**

Marital Status:  Single  Married  Separated  Divorced  Widowed

**Household Type:**  Couple (Parent & Friend) with child(ren)  Couple with No Children  Foster Parents  
 Grandparent(s) and child(ren)  Non-custodial caregiver  Single Female Parent  
 Single Male Parent  Two Parent Family  Single Person (no children)

**Type of Living Situation (please check the situation that best describes your current living arrangements):**

Renting a house/apartment  Rent Housing with Section 8 or other rent subsidy  Own Housing  Hotel/Motel  
 Living with Friends  Living with Family  Homeless(Primary Reason) \_\_\_\_\_  Emergency Shelter  
 Other (please specify): \_\_\_\_\_  
Have you been discharged from a facility within last three months? \_\_\_\_\_ If yes, name of facility? \_\_\_\_\_  
Length of Time at Current Address:  Less than 6 months  6-12 Months  1-2 Years  More than 2 Years

**Education/Employment:**

Highest Level of Education Attained:  K-8<sup>th</sup> Grade  Some High School  GED  
 High School Diploma  Some College  College Degree  Graduate Degree  
 Some Technical School  Technical School Certification

School Address/City & State \_\_\_\_\_ Phone: \_\_\_\_\_

Have you completed any additional schooling, specialized trainings or work programs?  Yes  No If yes, \_\_\_\_\_

If No, Please Mark the Box (es) that Best Describe(s) Your Current Situation:

Disabled/Receiving SSI or SSD  Disabled but Not Receiving SSI or SSD  Retired  
 Seeking Employment  In School  Other (please specify) \_\_\_\_\_

**Employment Desired**

Type of Employment \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you Pregnant?  Yes  No

If Yes, Projected Due Date? \_\_\_\_\_

Court Ordered Child Support Eligible?  Yes  No

Receive Court Ordered Child Support?  Yes  No

Medical Insurance Status:

Medicaid  Medicare  None (self-pay)  Private  Kid's Connection  Other (Please Specify) \_\_\_\_\_

Primary Means of Transportation:  Bicycle  Bus  Car  Friend/family  Taxi  Walk

Do you need help with Transportation?  Yes  No If yes, referred to: \_\_\_\_\_

Referred to Services by:  Community-based agency  Faith-based agency  State Agency  Newspaper  TV

Friends/Family  Walk-in  Radio

Currently Employed?  Yes  No Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Hours worked per week? \_\_\_\_\_ Are you Fulltime \_\_\_\_\_ or Part-time \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Hourly wage rate: \$ \_\_\_\_\_ per hour Start Date: \_\_\_\_\_

Benefits offered through employer?  Yes  No if yes, are you insured through employer?  Yes  No

If no, why not? \_\_\_\_\_

**Employment History (include native country and U.S.)**

**(Please list your employment history starting with the most recent and working backward. Please include volunteer work)**

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Hours worked per week? \_\_\_\_\_ Fulltime \_\_\_\_\_ or Part-time \_\_\_\_\_

Hourly wage rate: \$ \_\_\_\_\_ per hour Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Hours worked per week? \_\_\_\_\_ Fulltime \_\_\_\_\_ or Part-time \_\_\_\_\_

Hourly wage rate: \$ \_\_\_\_\_ per hour Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?  Yes  No

If yes, please list: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Hours worked per week? \_\_\_\_\_ Fulltime \_\_\_\_\_ or Part-time \_\_\_\_\_

Hourly wage rate: \$ \_\_\_\_\_ per hour Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?  Yes  No

If yes, please list: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Hours worked per week? \_\_\_\_\_ Fulltime \_\_\_\_\_ or Part-time \_\_\_\_\_

Hourly wage rate: \$ \_\_\_\_\_ per hour Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?  Yes  No

If yes, please list: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Hours worked per week? \_\_\_\_\_ Fulltime \_\_\_\_\_ or Part-time \_\_\_\_\_

Hourly wage rate: \$ \_\_\_\_\_ per hour Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?  Yes  No

If yes, please list: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Hours worked per week? \_\_\_\_\_ Fulltime \_\_\_\_\_ or Part-time \_\_\_\_\_

Hourly wage rate: \$ \_\_\_\_\_ per hour Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?  Yes  No

If yes, please list: \_\_\_\_\_

**Employed through CRI?**  Yes  No

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Hours worked per week? \_\_\_\_\_ Are you Fulltime \_\_\_\_\_ or Part-time \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
Hourly wage rate: \$ \_\_\_\_\_ per hour Start Date: \_\_\_\_\_ Benefits offered through employer?  Yes  No  
If yes, are you insured through employer?  Yes  No If no, why not? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Hours worked per week? \_\_\_\_\_ Are you Fulltime \_\_\_\_\_ or Part-time \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
Hourly wage rate: \$ \_\_\_\_\_ per hour Start Date: \_\_\_\_\_ Benefits offered through employer?  Yes  No  
If yes, are you insured through employer?  Yes  No If no, why not? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Hours worked per week? \_\_\_\_\_ Are you Fulltime \_\_\_\_\_ or Part-time \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
Hourly wage rate: \$ \_\_\_\_\_ per hour Start Date: \_\_\_\_\_ Benefits offered through employer?  Yes  No  
If yes, are you insured through employer?  Yes  No If no, why not? \_\_\_\_\_

Client notified CRI that employment was obtained:  Yes  No Date notice received: \_\_\_\_\_

Case manager notified that the client obtained employment:  Yes  No Date \_\_\_\_\_

Employment Status: \_\_\_\_\_

**Still employed:**

30 days \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Wage: \$ \_\_\_\_\_ Health Insurance: Yes or No If no, Why: \_\_\_\_\_  
60 days \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Wage: \$ \_\_\_\_\_ Health Insurance: Yes or No If no, Why: \_\_\_\_\_  
90 days \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Wage: \$ \_\_\_\_\_ Health Insurance: Yes or No If no, Why: \_\_\_\_\_

**Type of Service(s) Provided by CRI:**

- |  |   |
|--|---|
| <input type="checkbox"/> Career Counseling ___/___/___                 | <input type="checkbox"/> Job Search Techniques ___/___/___                  |
| <input type="checkbox"/> Case/Care Management ___/___/___              | <input type="checkbox"/> Language Interpretation ___/___/___                |
| <input type="checkbox"/> Information & Referral ___/___/___            | <input type="checkbox"/> Local Transportation ___/___/___                   |
| <input type="checkbox"/> Job Finding Assistance/Job Search ___/___/___ | <input type="checkbox"/> PreJob Guidance/Application Assistance ___/___/___ |
| <input type="checkbox"/> Job Information ___/___/___                   | <input type="checkbox"/> Resume Preparation Assistance ___/___/___          |
| <input type="checkbox"/> Job Interview Training ___/___/___            | <input type="checkbox"/> Transportation Referral ___/___/___                |
| <input type="checkbox"/> Job Readiness /CRI CAT ___/___/___            | <input type="checkbox"/> Vocational ESL ___/___/___                         |

**GOALS: (Make sure to mark date of expected completion, if completed same day put that date.)**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Get a raise/increase</b> ___/___/___          | <input type="checkbox"/> <b>Citizenship Classes</b> ___/___/___             |
| <input type="checkbox"/> <b>Get Job</b> ___/___/___                       | <input type="checkbox"/> <b>Attend Vocational ESL Classes</b> ___/___/___   |
| <input type="checkbox"/> <b>Career Counseling Assistance</b> ___/___/___  | <input type="checkbox"/> <b>Resume Development</b> ___/___/___              |
| <input type="checkbox"/> <b>Pre-Employment Skills</b> ___/___/___         | <input type="checkbox"/> <b>Achieve a Living Wage</b> ___/___/___           |
| <input type="checkbox"/> <b>Gain Access to Transportation</b> ___/___/___ | <input type="checkbox"/> <b>Education/CDD Certificate (CAT)</b> ___/___/___ |
| <input type="checkbox"/> <b>Child Care Assistance</b> ___/___/___         |   |

**Classes/workshops attended:**

Class	Dates Attended	Result
Career Advancement Training		
Vocational ESL Class		
Other:		

## EMPLOYMENT PARTICIPATION RULES/REGULATIONS

1. **Client must have a legitimate reason to refuse or resign from a job. Legitimate reasons may include, but are not limited to:**
  - Earning less than minimum wage
  - Transportation issues
  - Child care issues
  - Unsafe working conditions
2. **Each client is required to attend both Career Advancement Training and Vocational ESL classes. If a client is unable to attend both because of scheduling conflicts due to employment, then the client must attend at least one of the offered trainings.**
3. **Clients who have had and refused three (3) or more separate job offers without good cause will be suspended from the program for two (2) months. In order to be reinstated to active status the client will be required to attend Vocational ESL classes and/or Career Advancement Training.**
4. **If there is no communication from the client or response to agency inquires for longer than two (2) weeks the client will be suspended from the program for two (2) months. In order to be reinstated to active status the client will be required to attend Career Advancement Training.**
5. **Referrals to Center for Refugees and Immigrants AmeriCorps members and LanguageLinc will be made for those clients who have language barriers and are unable to effectively communicate with our Employment Assistant.**
6. **The CRI Program Administrator will review and initial, at a minimum, 75% of client files.**
7. **Community Action will provide a monthly report to the Office of Refugee Resettlement (ORR) Coordinator listing the clients who obtained employment through the Center for Refugees and Immigrants program. Once the HHSS case worker's name is obtained from ORR office, CRI will notify the case worker of changes in client's employment status.**

I certify that the information provided on this form is accurate and truthful to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Administrator's Signature \_\_\_\_\_ Review Date: \_\_\_\_\_