Welcome to Pine Street Inn/IMPACT WorkFirst, Job Retention, and Career Advancement Services. Please complete this form; if you need help, you can ask from WorkFirst staff.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What’s the best way to reach you? Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAREER GOALS**

What type of career are you interested in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in one of the following industries? 🞏 Health Care 🞏 Human Services 🞏 IT 🞏 Pet Care

What kind of job are you looking for now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you consider your top skills/abilities and experience to offer to an employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available to work 🞏 Full-time 🞏 Part-time When are you available to start? \_\_\_\_\_\_\_\_\_\_\_

What was your last job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of last job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What challenges do you think you might have in getting a job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What could potentially prevent you from staying on the job for at least 6 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What could prevent you from fully participating in the IMPACT program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked with IMPACT/WorkFirst before? 🞏 Yes 🞏 No

**Other Information**

Where are you living? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Case Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case Manager’s Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| **Demographic Information**  Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ -\_\_\_\_\_  Gender: 🞏 Female 🞏 Male 🞏 Transgender(Female to Male) 🞏Transgender (Male to Female)  Ethnicity: 🞏 Hispanic/Latino 🞏 Non-Hispanic/Latino  Race: 🞏 Black or African American 🞏 White 🞏 Asian 🞏 American Indian  Veteran Status: 🞏 Yes 🞏 No 🞏 Do not Know 🞏 Refused  Do you have any income? \_\_\_ Employment Income \_\_\_ Unemployment Insurance \_\_\_\_ SSI \_\_\_SSDI \_\_\_TAFDC \_\_\_Veteran’s pension \_\_\_DTA cash assistance SNAP (food stamps) \_\_\_ |