

List your Work History: (begin with most current)

Employer Name	Address/Phone	Supervisor	Duties/Title	Hourly Wage	Begin/End Dates
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____

Please Check all Barriers that apply to you:

<input type="checkbox"/> Single Parent/Head of Household	<input type="checkbox"/> Currently Employed/Low Income
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Not in Labor Force
<input type="checkbox"/> Disabled or Household Member Disability	<input type="checkbox"/> HS Dropout/No GED
<input type="checkbox"/> Offender	<input type="checkbox"/> Long-term ATAP Client
<input type="checkbox"/> Reading Skills Below 7th Grade Level	<input type="checkbox"/> Lack Significant Work History
<input type="checkbox"/> Math Skills Below 7th Grade Level	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Public Assistance/Food Stamps/GA	<input type="checkbox"/> Substance Abuse Issues
<input type="checkbox"/> ATAP Recipient	<input type="checkbox"/> Pregnant or Parenting Teen
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Do not have an Alaska Driver's License
<input type="checkbox"/> Unemployment 15+ Weeks	<input type="checkbox"/> Other _____
<input type="checkbox"/> Lack of Child Care	<input type="checkbox"/> Other _____

Please List your skills:

Computer Skills, List software you know and your WPM _____

<input type="checkbox"/> CDL, HEO	<input type="checkbox"/> Other _____
<input type="checkbox"/> HazMat Certificate	<input type="checkbox"/> Other _____
<input type="checkbox"/> CPR First Aid	<input type="checkbox"/> Other _____
<input type="checkbox"/> 10-Key calculator	<input type="checkbox"/> Other _____
<input type="checkbox"/> Can operate Multi-line phone	<input type="checkbox"/> Other _____
<input type="checkbox"/> Operate Fax Machine	<input type="checkbox"/> Other _____
<input type="checkbox"/> Operate Copy Machine	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mechanic	<input type="checkbox"/> Other _____
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Other _____
<input type="checkbox"/> Laborer	<input type="checkbox"/> Other _____
<input type="checkbox"/> Plumbing or Electricity	<input type="checkbox"/> Other _____
<input type="checkbox"/> Beading/Skin Sewing	<input type="checkbox"/> Other _____

List any additional information not already listed pertinent to your needs:

For Office Use Only:			
Staff ID Initials:	Date Entered:	Assigned CIF#	Referrals:

Please place a check mark next to the services you are requesting and include this intake form with the proper application.

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Supportive Service | <input type="checkbox"/> CDL Training |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Job Readiness Training | <input type="checkbox"/> Heavy Equipment Trng. |
| <input type="checkbox"/> Job Search | <input type="checkbox"/> Specialized Training | <input type="checkbox"/> Hazardous Material Trng. |
| <input type="checkbox"/> Resume Assistance | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Hazerdous Material Refresher |
| <input type="checkbox"/> Burial Assistance | <input type="checkbox"/> Adult Vocational Training | <input type="checkbox"/> Alaska Driver's License |
| <input type="checkbox"/> Interview Skills | <input type="checkbox"/> Typing Test | <input type="checkbox"/> Building Maintenance Repair |
| <input type="checkbox"/> Other: Please Specify _____ | | |

