



ALLIANCE KINGDOM BUILDERS JOB SEEKERS INTAKE FORM

Date: _____

AKB Job Seekers
INTAKE FORM
*******CONFIDENTIAL*******

Name: _____ Phone #: _____

Address: _____ Alt Phone #: _____

City: _____ Zip: _____ Email: _____

DOB: _____ Valid DL: YES NO

Veteran YES NO Period "ACTIVE DUTY" (if applicable): _____ to _____

What would you like to accomplish through this service?

HAVE YOU RECEIVED ASSISTANCE FROM THIS SERVICE BEFORE YES NO

If yes, provide estimated date and YOUR contact coach:

CHECK "☑" YES or NO TO THE FOLLOWING:

- | | | | |
|-------------------------------------|--|--|--|
| Valid phone No. or contact | YES <input type="checkbox"/> NO <input type="checkbox"/> | Registered in CalJOBS SM | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Completed resume | YES <input type="checkbox"/> NO <input type="checkbox"/> | Homeless | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Veteran | YES <input type="checkbox"/> NO <input type="checkbox"/> | Currently employed | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Currently in school | YES <input type="checkbox"/> NO <input type="checkbox"/> | Reliable transportation | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Service Connected Disability | | YES <input type="checkbox"/> NO <input type="checkbox"/> → % of disability _____ | |
| Applied or Receiving UI/DI benefits | | YES <input type="checkbox"/> NO <input type="checkbox"/> → <i>If yes, (circle one):</i> UI or DI | |
| Receiving County assistance | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Need to update work skills | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

Is applicant willing to commit to:

- A. Receiving ongoing "one-on-one" assistance from a Coach YES NO
- B. Contacting the Coach a MINIMUM of 2 times per month YES NO
- C. Attending specified Workshop(s) / Training(s) YES NO
- D. Dedicate 30-45 minutes for additional assistance with the Coach YES NO

If no, list applicants return appointment: DATE: _____ TIME: _____

Are there any upcoming personal events that will prevent the applicant from receiving employment assistance YES NO

If yes, when is the event?

Estimated Date: _____ For how long: _____ (# of days, weeks, months)



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Notes: _____

**** Confidential****

<u>Priority of Service</u>			
1	2	3	4

All boxes must be checked "☑", as confirmation of completion

1. **APPLICANT DIRECTED TO REFERRAL(S)** YES NO

If Yes, ☑ Copy of Services referred is attached to form

Add and title case notes: *(i.e. veteran was directed to Wagner-Peyser (include reason(s) why); veteran was provided referrals (list all referrals))*

- All boxes must be checked as confirmation of completion

➤ If **NO**, proceed to the next question

2. **APPLICANT REFERRED TO COACH:** YES NO

(If no, refer to above and case notes)

If Yes, ☑ NAME OF JOB COACH _____

Date: _____ Confirmed follow up date: _____ by _____

Print & Sign name below

Forward intake sheet to Coach – copy to applicant

Applicant PRINT NAME

Applicant SIGNATURE

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