



Intake Information Form for Individualized Career Services or Training Services

Please complete the attached form, then return it to us in one of the following ways:

By Email

1. The email should be sent to:
contactus@worknetdupage.org
2. Be sure to attach the completed PDF or Word Doc to your email.
3. If you are uncertain about how to do any of the above, we recommend that you take our **Computer Fundamentals** workshop.
Such computer and email skills are crucial to the success of your job search!

By Hand or Mail

Drop the completed form off, or mail it to:

workNet DuPage Career Center
2525 Cabot Drive
Suite 302
Lisle, IL 60532

By Fax

Print the completed form, then fax it to:

(630) 955-2059
Attn: Customer Service

NOTE: You will be asked to provide your social security number, which is necessary in order for us to enter your information into the computer system.



Intake Information Form for Individualized Career Services or Training Services

For Staff Use Only

Intake Specialist: _____ Appt. Date / Time: _____

Your Information

Date: _____ DuPage County Resident? Yes No Layoff/Termination in DuPage County? Yes No

Name: _____ Age: 16-24 25 or older

Address: _____ City: _____ ZIP Code: _____

Email address: _____ Phone: _____ Cell: _____

Gender: Female Male Prefer not to answer

Ethnicity: Hispanic American Indian Black Asian White Prefer not to answer

Veteran Status: Veteran Qualified Spouse of Veteran Transitioning Service Member
 Not a Veteran

Authorized to Work in U.S.: U.S.Citizen Resident Alien Refugee Work Authorization

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

Labor Force Status: Employed Unemployed Not in Labor Force Received Notice of Termination or Military Separation

How did you hear about us, or which organization referred you? _____

Were you laid off from your most recent job? Yes No If Yes, which company? _____

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

Financial Assistance

Check all forms of financial assistance received by your household in the last 6 months:

- Temporary Aid to Needy Families (TANF) Food Stamps Refugee Assistance
- Supplemental Security Income (SSI) Alimony / Maintenance



Barriers To Employment

Note: Check **ALL** that apply.

- Lacks GED or H.S. Diploma
 Has GED
 Homeless
 English not primary language
 Offender: Misdemeanor
 Offender: Felony
 Lacks Job Skills
 Other: _____

Level of Education

- H.S. Diploma
 Some College (___ yrs.)
 Associates
 Bachelors
 Masters
 Doctorate
 Year Graduated: _____

Are you currently enrolled in school or registered for classes? Yes No

If yes, please indicate where: _____

What Services Are You Looking For From Our Program?

10 Year Work History

Start with your most recent job and work backward.

Current / Last Employer: _____ Hours / Week: _____
 Address, City, State, Zip Code: _____ Wage: \$ _____ per _____
 Job Title: _____ Start Date: _____
 Reason for Leaving: Fired Laid Off Quit Still working there End Date: _____
 Job Duties: _____

Current / Last Employer: _____ Hours / Week: _____
 Address, City, State, Zip Code: _____ Wage: \$ _____ per _____
 Job Title: _____ Start Date: _____
 Reason for Leaving: Fired Laid Off Quit Still working there End Date: _____
 Job Duties: _____

Current / Last Employer: _____ Hours / Week: _____
 Address, City, State, Zip Code: _____ Wage: \$ _____ per _____
 Job Title: _____ Start Date: _____
 Reason for Leaving: Fired Laid Off Quit Still working there End Date: _____
 Job Duties: _____

Current / Last Employer: _____ Hours / Week: _____
 Address, City, State, Zip Code: _____ Wage: \$ _____ per _____
 Job Title: _____ Start Date: _____
 Reason for Leaving: Fired Laid Off Quit Still working there End Date: _____
 Job Duties: _____



Additional Contacts – Required (Please give only family or friends)

List 2 different contacts who **DO NOT** live in the same household with the applicant, and do not live with each other.

Contact 1 Name: _____	Contact 2 Name: _____
Relationship to you: _____	Relationship to you: _____
Address: _____	Address: _____
City, Zip Code: _____	City, Zip Code: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

Additional Work History (Use Only If Necessary)

Current / Last Employer: _____	Hours / Week: _____
Address, City, State, Zip Code: _____	Wage: \$ _____ per _____
Job Title: _____	Start Date: _____
Reason for Leaving: <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Still working there	End Date: _____
Job Duties: _____	

Current / Last Employer: _____	Hours / Week: _____
Address, City, State, Zip Code: _____	Wage: \$ _____ per _____
Job Title: _____	Start Date: _____
Reason for Leaving: <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Still working there	End Date: _____
Job Duties: _____	

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