

**Customer Intake Form**

**Release Information**

I authorize Goodwill Industries to obtain information about my employment (past, present, or future). This includes, but is not limited to, dates of employment, job title, salary, benefits, and hours. This authorization is good for one year as of this date. I further give Goodwill Industries consent to share all appropriate data regarding information given on this form or obtained otherwise during use of Employment Center services for the sole purpose of possible employment opportunities.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Initial that you have received and understood Employment Center Guidelines

**Contact Information**

Please Print

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (Sr., Jr.,) Middle Initial: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: XXX - XX - \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

**Emergency Contact Information**

Contact Name (First and Last) \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**GENDER**

- Male
- Female

**PRIMARY LANGUAGE**

- English
- Spanish
- Other (Specify) \_\_\_\_\_
- Sign Language

**CITIZENSHIP (check one)**

- US Citizen
- Non-US Citizen (allowed to work)
- Non-US Citizen (not allowed to work)

**ARE YOU A VETERAN?**

- Yes Less than 180 days \_\_\_\_\_  
More than 180 days \_\_\_\_\_
- No

**ARE YOU AN ACTIVE DUTY MILITARY SPOUSE?**

- Yes  No

**DO YOU HAVE CHILDREN?**

- Yes Number of children: \_\_\_\_\_
- No  
Ages of children: \_\_\_\_\_
- Single Parent
- Grandparent/Guardian with dependents
- None of the Above

**YOUR HOUSEHOLD INCOME**

- \$0.00 (none)
- Less than \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - or more

**FINANCIAL STABILITY**

I would like to know more about managing my credit and debt?

- Yes  No

Are you having difficulty meeting you and/or your family's basic, essential needs? (i.e., housing, clothing, food, transportation)

- Yes  No

**RACE/ETHNICITY**

- American Indian
- Asian
- Black or African American
- Caucasian
- Hispanic/Latino

**CULTURAL BACKGROUND**

Are you Hispanic/Latino?

- Yes  No

**DO YOU RECEIVE SNAP BENEFITS?**

- Yes  No

**EDUCATION**

- Did not complete high school Highest grade completed (Specify) \_\_\_\_\_
- GED
- High School Diploma
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

**OBSTACLES TO EMPLOYMENT (check all that apply)**

- Advanced Age (over 55 )
- Childcare
- Criminal Background
- Displaced Homemaker
- Homeless
- Lacks Basic Literacy Skills
- Laid Off
- Medical Condition
- Non-English Speaking
- Pregnant Teen/ Teen Parent
- School Dropout
- TANF Recipient
- Underemployed
- Unemployed
- Other (Please Specify) \_\_\_\_\_

**Please select at least 3 Occupations you are qualified for**

Accounting	Food Service	Retail
Assembly	Furniture Repair	Scanner Operator
Auto Detailing	Health Care Aide	Vehicle Operations /Maint.
Banking & Finance	Horticulture	Web Design
Bookkeeping	Hotel/Motel	Word Processing
Building Maintenance	Housekeeping	
Call Center /Telecom.	Industrial Skills	
Cashier	Landscaping	
Certified Nurses Aid	Machine Operations	
Child Care	Medical Transcription	
Clerical	Medical/Dental Tech.	
Computer Repair	Network Administration	
Construction Trades	Nurse's Aide/Assistant	
Custodial	Office Computer	
Customer Service	Office Management	
Database Management	Other (Specify)	
Dental Assistant	Printing and Graphics	
Desktop Publishing	Programmer	
Electronics Assembly	Receptionist	
Electronics Repair	Reservations/Travel Agent	