

Aleph Institute

Workforce Development – Short Intake

General Information

Date: _____

Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Message Phone: _____ Someone you can rely on to give you a message

Email: _____

Employment

	Yes	No
Are you currently working?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where? _____		

Do you receive Food Stamps, Medical Assistant or TANF? Yes No

Are you an Ex-Offender? Yes No

Services you would like assistance with:

- | | |
|---|---|
| <input type="checkbox"/> Employment Opportunity | <input type="checkbox"/> Veterans Service |
| <input type="checkbox"/> Job Readiness Training | <input type="checkbox"/> Health/Dental Care |
| <input type="checkbox"/> Resume Writing | <input type="checkbox"/> Substance Abuse Counseling |
| <input type="checkbox"/> Computer Training | <input type="checkbox"/> GED Preparation Class |

Workshops:

- Career Exploration Workshop _____
- On-Site Recruitment _____

How did you hear about us?

Flyer Mailing Website Word of Mouth Email

Agency _____ Newspaper Walk-in

<i>Office Use Only</i>	<i>RV</i>	<i>RC</i>	<i>VL</i>	<i>RA</i>	
<i>Follow-up: Employment Specialist</i>				<i>Date</i>	_____
<i>Time Matters</i>	<i>Yes</i>	<input type="checkbox"/>	<i>No</i>	<input type="checkbox"/>	