



GREENVILLE COUNTY WORKFORCE DEVELOPMENT YOUTH INTAKE FORM



The Intake process includes gathering general customer information to assist with program eligibility. All information is kept confidential. Thank you!

PERSONAL

Youth's Last Name:		First Name:		Middle Initial:	Preferred (Nickname) Named:	
Last 4 of Social Security Number:		Youth's Home Phone:		Youth's Cell Phone:		Youth's Alternate Phone:
Youth's Current Residential Address:			Apt #:	City:		State: Zip Code:
County:	Birth Date:		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race (Optional):
Youth's Email Address:						

EMPLOYMENT

Name of Current or Last Employer:			City:		State:	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Worked	
Start Date:	End Date:	Job Title:					
# of Hours Per Week:	Pay Rate:	Reason for Leaving:					
Previous Employer:	Job Title:	Hours/Wk:	Pay Rate:	Start Date:	End Date:	Reason for Leaving:	
Previous Employer:	Job Title:	Hours/Wk:	Pay Rate:	Start Date:	End Date:	Reason for Leaving:	

EDUCATION

School Status: (Check one) <input type="checkbox"/> Not Attending School <input type="checkbox"/> Attending High School <input type="checkbox"/> Attending Alternative School <input type="checkbox"/> Attending Post Secondary Education							
Diploma / Certificate / Degree: Highest Grade Completed: _____ <input type="checkbox"/> I did not complete high school <input type="checkbox"/> I have completed high school and received: (check one) <input type="checkbox"/> Standard Diploma <input type="checkbox"/> GED <input type="checkbox"/> Occupational Diploma <input type="checkbox"/> Certificate of Attendance <input type="checkbox"/> Post-Secondary School Degree Do you have a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you have an IEP, or were enrolled in the occupational track in school? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Current or Last School Attended:		Dates of Attendance:		City/State:		Passed Exit Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER

Please answer all of the following questions:	
1. I feel my work skills are good enough to find a job: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. I find it difficult keeping a job: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. I am willing to drive outside of the Greenville area to work: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. I know what type of job or career I want: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, list type of job/career: _____	
5. I need to upgrade my basic skills (reading, math): <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. I visited the SC Works Youth Center only to look for work: <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. I would like help or more information on (check all that interest you): <input type="checkbox"/> Job search skills <input type="checkbox"/> Preparing for an interview <input type="checkbox"/> Researching labor market information <input type="checkbox"/> Locating training programs <input type="checkbox"/> Completing job applications <input type="checkbox"/> Resume Preparation <input type="checkbox"/> Other – list: _____	
8. How did you hear about our program? _____	

SIGNATURE

I attest that all of the above information is true and correct to the best of my knowledge.

Youth's Name:	Date:
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