



INTAKE FORM

Section 1: Customer Information				
Last Name		First Name		Middle Initial
Street Address		Apt/Unit #		
City			State	ZIP Code
Phone Number	(____) ____ - ____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____		
Email Address		<input type="checkbox"/> I do not wish to receive email updates about workforce events.		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth MM/DD/YYYY		
Social Security Number (SSN)				
<p>The United States Department of Labor requires that we advise you of the following regarding this request for your Social Security Number. We are authorized to collect your SSN by the Workforce Innovation and Opportunity Act of 2014. Your SSN will be used to collect quarterly wage to assess outcomes of the program. Your disclosure of your SSN is voluntary. We cannot deny you access to all services if the SSN is not provided, but we must verify your eligibility to work in the United States in order to provide some services.</p> <input type="checkbox"/> I do not wish to provide my Social Security Number at this time.				

Section 2: Demographic Information	
Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.	What is your race? Please select all that apply. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Prefer not to disclose.
In what language do you prefer to receive information about services?	
<input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Serbian-Croatian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Arabic <input type="checkbox"/> Hmong <input type="checkbox"/> Russian <input type="checkbox"/> Spanish	
English Proficiency (Please select all that apply.)	
<input type="checkbox"/> I have limited English reading skills. <input type="checkbox"/> I live in a family or community where English is not the dominant language. <input type="checkbox"/> I have limited English speaking skills. <input type="checkbox"/> None of these apply to me. <input type="checkbox"/> My native language is a language other than English.	

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Carrie Hersh, Equal Opportunity Officer, at 414-270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414)-270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414)-270-1726** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.



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Section 3: Veteran and Eligible Spouses Information	
Veteran: Have you served on active duty in the armed forces AND been discharged or released under conditions other than dishonorable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transitioning Service Member: Are you on active military duty status (including separation leave) and within 24 months of retirement or 12 months of separation from the armed forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse: Are you the spouse of a veteran or a member of the Armed Forces on active duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Education Information	
What is the highest educational level you have completed? Please select only one.	
<input type="checkbox"/> 8th Grade	<input type="checkbox"/> 9th Grade
<input type="checkbox"/> 10th Grade	<input type="checkbox"/> 11th Grade
<input type="checkbox"/> Attained high school (HS) diploma	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Attained a GED or HSED	
<input type="checkbox"/> One or more years of school after HS	
<input type="checkbox"/> Attended High School or Less	<input type="checkbox"/> Attended an Associate Degree
<input type="checkbox"/> Attending High School or Less	<input type="checkbox"/> Attended a Bachelor's Degree
<input type="checkbox"/> Attending Alternative High School	<input type="checkbox"/> Attended a Master's Degree
<input type="checkbox"/> Attending Post-High School	<input type="checkbox"/> Attended a Doctoral Degree
<input type="checkbox"/> Not Attending, High School Graduate or Equivalent	
<input type="checkbox"/> Not Attending, Dropout (At Least 18 Years Old)	
<input type="checkbox"/> Not Attending, Less than 18 Years Old	

Section 5: Employment Information	
Employ Milwaukee has identified seven industries with high employee demand in our area. In which of these industries are you interested in working? Please select no more than 3.	
<input type="checkbox"/> Construction	<input type="checkbox"/> Hospitality (Retail and Food Service)
<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Healthcare and Social Assistance	<input type="checkbox"/> Professional, Scientific, Technical Services (IT)
	<input type="checkbox"/> Transportation and Warehousing
In which of these industries have you been employed? Please select all that apply.	
<input type="checkbox"/> Construction	<input type="checkbox"/> Hospitality (Retail and Food Service)
<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Healthcare and Social Assistance	<input type="checkbox"/> Professional, Scientific, Technical Services (IT)
	<input type="checkbox"/> Transportation and Warehousing
	<input type="checkbox"/> I have never been employed.
What is your current employment status?	
<input type="checkbox"/> I have never been employed.	<input type="checkbox"/> Not in Labor Force (Not employed and not actively looking, including those who are incarcerated.)
<input type="checkbox"/> Employed	<input type="checkbox"/> Not Employed.
<input type="checkbox"/> Employed - Received Notice of Termination, Layoff, or Plant Closure	<input type="checkbox"/> Have been unemployed for 27 or more consecutive weeks.
<input type="checkbox"/> Employed – Military Separation is Pending	<input type="checkbox"/> Last Date of Employment: _____

Section 6: Help us track our outreach!	
How did you hear about us?	
<input type="checkbox"/> Newspaper, Television or Radio	<input type="checkbox"/> Social Media
<input type="checkbox"/> Mobile Workforce Connections	<input type="checkbox"/> Internet Search
	<input type="checkbox"/> Word of Mouth
	<input type="checkbox"/> Referral [By Agency: _____]

I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that providing false or incomplete information during the application process could lead to termination from the program and/or penalties as specified by law. By signing below, I attest to the accuracy of this completed form.

Applicant Signature	Date Signed
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