Client Intake Form

IPW, INC. is a nonprofit organization that is committed to excellence through diversity. Assistance offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT**. Complete the entire application. You may attach any supporting documents, but you must still complete all questions; or your intake process will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate “See Attached.”)

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| ID #:      OFFICE ONLY | Name (Last, First, Middle):       | Other names under which you have attended school or been employed:      |
| Street Address:       | City, State & Zip:       |  |
| Social Security Number:      | Home Phone:       | Work Phone:      | Amount Requesting:       |
| Are you eligible to work in the United States? | [ ] Yes  [ ] No |  |
| Are you 18 years of age or older? | [ ]  Yes [ ]  No | If NO, what is your current age? |
| Are you currently receiving benefits? | [ ] Yes  [ ]  No | If YES, what type? |
| Are you currently employed? | [ ]  Yes [ ] No | If YES, dates of employment & reason for leaving: |
| Are you related to any current volunteer? | [ ] Yes [ ]  No | If YES, their name & their relationship to you? |
| Are you a student | [ ]  Yes [ ]  No | If YES, graduation date: |
| How did you learn about IPW, INC.? Check all that apply: [ ]  Ad in *newspaper*[ ]  Job Bulletin (Posting) /Walk-in Website [ ] Event  [ ] Ad in *magazine*[ ]  Referral by employee [ ] Other:  |

##  EDUCATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of School | City/State | **Did you graduate?** | **If No, # of years left to graduate** | **If Yes, date of Graduation** | **Degree received** | **Major** |
| High School:       |       | [ ] Yes [ ]  No |       |       |       |       |
| GED:       |       | [ ] Yes [ ]  No |       |       |       |       |
| Other School:        |       | [ ] Yes [ ]  No |       |       |       |       |
| College:       |       | [ ] Yes [ ]  No |       |       |       |       |
| College:       |       | [ ] Yes [ ]  No |       |       |       |       |
| College:       |       | [ ] Yes [ ]  No |       |       |       |       |
| Other credentials/ licenses/ professional affiliations, etc. |

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

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**WORK EXPERIENCE**-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”

**PLEASE NOTE**: {Insert Company Name} reserves the right to contact all current and former employers for reference information.

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| Dates Employed (most recent position)From:       To        | [ ] Full time [ ]  Part-timeIf part-time, # hrs./wk: [ ]  | Title:       |
| Starting Salary:      | Organization Name and Address:       |
| Final Salary:       |
| Supervisor’s Name, Title and Phone #:       | Other Reference Name, Title and Phone #:       | Contact my current references:[ ]  At any time[ ]  Only if I am a finalist candidate |
| Primary duties:       | Reason for Leaving:       |
| Dates Employed (most recent position)From:       To        | [ ] Full time [ ]  Part-timeIf part-time, # hrs./wk: [ ]  | Title:       |
| Starting Salary:      | Organization Name and Address:       |
| Final Salary:       |
| Supervisor’s Name, Title and Phone #:       | Other Reference Name, Title and Phone #:       | Contact my current references:[ ]  At any time[ ]  Only if I am a finalist candidate |
| Primary duties:       | Reason for Leaving:       |

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_