

**STINSON & ASSOCIATES, INC.
PARTICIPANT INTAKE FORM**

PGW ORN/SSI GoodWORKS! Date: _____
County: _____

Participant Name: _____ SS #: _____
Address: _____ City: _____ Zip: _____
Telephone No: _____ Alternative Phone No: _____
Date of Birth: _____

Employment Goal:

1. Previous Work History:

Employer/Worksite	Job Title	Start Date/End Date	Reason for Leaving
_____	_____	_____	_____
Duties: _____ _____			

Employer/Worksite	Job Title	Start Date/End Date	Reason for Leaving
_____	_____	_____	_____
Duties: _____ _____			

Employer/Worksite	Job Title	Start Date/End Date	Reason for Leaving
_____	_____	_____	_____
Duties: _____ _____			

Employer/Worksite	Job Title	Start Date/End Date	Reason for Leaving
_____	_____	_____	_____
Duties: _____ _____			

Please list additional on back

2. What types of work are you interested in doing now?

3. What types of work are you not willing to do?

4. Are you willing to relocate? _____
5. What is the highest level you completed in school? _____
6. Do you have a diploma, certificate of completion, GED, or college degree?
_____ If yes, which one? _____
7. List any training or certification you have received.

8. Is your certification(s) valid? _____
If not, do you plan to renew it? _____
9. Are you attending school or receiving any training? _____
If yes, what is the name of the school and when will you graduate or
complete the training? _____
10. Do you plan to go back to school? _____
If yes, when and where? _____

11. What are your hobbies?

12. Have you ever been arrested? _____
If yes, when, where, and why?

What was the result? (Probation, jail, found not guilty, etc.)

13. What are your means or transportation? _____

14. Do you have a driver's license? _____
If yes, do you own a car? _____ If yes, is there any reason why
you would not be able to use your car to go to work? _____

21. How often do you see your doctor? _____

22. When did you last see your doctor? _____

23. Are you pregnant? _____
If yes, when is the baby due? _____

24. Are you involved with other agencies: Yes No

If yes which one: Child Protective Services Legal System Drug/Alcohol Agency
Other (Specify) _____

25. Person and phone number to call in case of an emergency:

Please provide any additional information that may aid us in assisting you:

