



Initial Intake Form:

Welcome to Virginia Career Works Capital Region. Please answer the following questions. Your responses could help staff provide better job assistance, training, and referrals. This information will not be shared with any employers.

Background Information

First Name:

Last Name:

Phone Number:

Email Address:

City/County of Residence:

State:

Zip Code:

Please select your age range:

Under 17

17-24

25-39

40-55

55 or older

How did you hear about us?

Have you watched the online orientation video? Yes No

(If not, please view prior to completing this form at www.vwcapiital.com/jobseekers/orientation)

Do you have a current resume? Yes No

Are you registered on the Virginia Workforce Connection (www.vawc.virginia.org)? Yes No

Is your resume uploaded or created on the Virginia Workforce Connection? Yes No

Have you Served in the Military? Yes No

Branch:

Do you have a disability? Yes No

Employment Information

What are you seeking? Full-Time Employment Part-Time Employment Neither

Are you employed or unemployed? Employed Unemployed Neither

Have you been recently laid off, terminated, or resigned from employment?

Laid Off Terminated Resigned from employment Neither

Additional Information

What is your highest level of education completed?

Please indicate if you have? (Select all that apply)

High School Diploma GED/HS Equivalency College Degree/Certificate Neither

Do you have a criminal history? Yes No

Are you in need of training? Yes No

Citizenship Status: US Citizen Non-US Citizen (allowed to work) Non-US Citizen (not allowed to work)

Do you have reliable transportation? Yes No

Current Income: Wage Public Assistance Unemployment None Other: _____