



GREATER WEST TOWN TRAINING PARTNERSHIP

Shipping & Receiving and Woodworking Training Programs

Student Intake Form FY 20__

SR__ WW__
Date: __/__/20__

How did you hear about the Greater West Town Training Partnership's training programs?

One-Stop/Employer/other: _____

CONTACT INFORMATION

Name: _____
First Middle Initial Last

Address: _____
Number Street Apt # City State Zip Code County
WARD: _____

Telephone #1: (____) _____ - _____ Home /Cell Telephone #2: (____) _____ - _____ Home /Cell
Contact via text: Yes/No Contact via text: Yes/No

E-Mail: _____
Contact via email: Yes/No

PERSONAL INFORMATION:

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____

Gender: My sex at birth was Male Female I have or will transition to Male/Female or Other

U.S Citizen: Yes/No Permanent Resident: A- _____ Work Permit #: _____

Are you registered with Selective Service? (Males only): Yes /No/Not Sure (Selective Service #: _____)

HOUSEHOLD INFORMATION:

Marital Status (**Circle One**): Single Married Separated (yr.) ____ Divorced (yr.) ____ Widow(er) (yr.) ____

Married Spouse Name & Age: _____

Dependent (under 18): Yes/No Children's Name & Ages: 1) _____ 2) _____
3) _____ 4) _____ 5) _____

If you have children under 18, do you have reliable child care: Yes/No

EDUCATION: School Type: (Select One)

U.S. Based Schooling Non-U.S. Based Schooling and Number of School Years Completed: _____

Number of School Years Completed (**Please check one of the following**):

No Schooling Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6

Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Grade 12

HS Diploma or Alternative Credential GED or other High School Equivalency Certificate

Some College, No Degree College or Professional Degree Unknown



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EMERGENCY CONTACT INFORMATION (MUST INCLUDE 2):

1) Name _____ Phone Number _____

How is this person related to you? _____

2) Name _____ Phone Number _____

How is this person related to you? _____

BACKGROUND: (Circle Yes or No)

Have you ever been convicted of a felony? **Yes or No** Misdemeanor? **Yes or No**

If yes, (Circle one of the options) enrolled in:

Correctional Facility Community Correctional Program Other Institutional Setting None

TRANSPORTATION: (Circle Yes or No)

Do you have a valid Illinois driver's license? **Yes /No** If no, have you ever had a driver's license? **Yes/No**

Do you own/have a car? **Yes/No** Do you have car insurance? **Yes/No**

Do you know how to use public transportation? **Yes/No** City /Suburban/Both

MILITARY SERVICE: (Circle Yes or No)

U.S. Military Service? **Yes/No** Branch _____ Dates: _____ to _____

Do you have your DD-214? **Yes /No**

PHYSICAL SELF-ASSESSMENT: (Circle Yes or No)

Do you have any physical limitations for work? **Yes/No**

If yes, explain: _____

Please Check One: Not Disabled Documented Disability as Defined by ADA Choose Not to Disclose

CURRENT SOURCE OF INCOME: (Check all that apply)

Employment Unemployment Compensation SSI Social Security

Pension Veterans Benefits Family/Friends

Have you received or were eligible to receive unemployment compensation in the past 5 years?

Yes No Pending

Do you receive Public Assistance? (Required) Yes No

TANF ___# of months Link Card/ SNAP___

If yes, public assistance # or LinkCard # _____



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Where have you looked for work since your last job? _____

What is the minimum wage you will accept? _____

WORK HISTORY:

Please list and describe **ALL** jobs held, **STARTING WITH THE MOST RECENT**

Are you employed now? **Yes/No**

If **yes**, what is your occupation _____ Hours per week? _____

EMPLOYER: _____

ADDRESS: _____
Number City State Zip

STARTING DATE: _____ ENDING DATE: _____ Hrs./Weeks _____ WAGES: _____
MM/DD/YY MM/DD/YY

SUPERVISOR'S NAME: _____ Phone (____) _____

JOB TITLE: _____

JOB DESCRIPTION: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____
Number City State Zip

STARTING DATE: _____ ENDING DATE: _____ Hrs./Weeks _____ WAGES: _____
MM/DD/YY MM/DD/YY

SUPERVISOR'S NAME: _____ Phone (____) _____

JOB TITLE: _____

JOB DESCRIPTION: _____

REASON FOR LEAVING: _____



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EMPLOYER: _____

ADDRESS: _____
Number City State Zip

STARTING DATE: _____ ENDING DATE: _____ Hrs./Weeks _____ WAGES: _____
MM/DD/YY MM/DD/YY

SUPERVISOR'S NAME: _____ Phone (____) _____

JOB TITLE: _____

JOB DESCRIPTION: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____
Number City State Zip

STARTING DATE: _____ ENDING DATE: _____ Hrs./Weeks _____ WAGES: _____
MM/DD/YY MM/DD/YY

SUPERVISOR'S NAME: _____ Phone (____) _____

JOB TITLE: _____

JOB DESCRIPTION: _____

REASON FOR LEAVING: _____

Additional Sheets Available if needed

EMPLOYMENT REFERENCE: Please provide the names and phone numbers of 2 former/current employers not related to you who recommend you as a worker.

Name/Title	Company	Phone Number
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____



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GWTP is required by Federal law to request this information for statistical reporting purposes.

1) Are you Hispanic or Latino (a)? (Or, are you of Spanish origin?) Yes /No

2) Are you from one or more of the following racial groups?

(Select All That Apply required if student is not Hispanic or Latino)

American Indian or Alaska Native

Asian

Black/African American

Native Hawaiian/ Pacific Islander

White

3) The State of Illinois requests this information for statistical reporting purposes. Please identify your primary racial/ethnic group. (Select One)

American Indian or Alaska Native

Asian

Black/African American

Native Hawaiian/ Pacific Islander

White



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1. Why are you interested in the Shipping & Receiving / Woodworkers Training Program?

2. Do you have any obstacles/ challenges which would interfere with you completing training and working a full-time job after training (e.g. jobs may be any shift and sometimes weekends, may involve standing for a long periods of time, lifting, bending, or working in cold/hot/dusty/ noisy environments)?

Any experience with the following: (Circle all that apply)

- Bandsaw Tablesaw Routers CAD/CAM Software CNC Equipment Computers
Forklift Receiving Shipping RF Scanners UPS FedEx

I certify that the information is complete & accurate statement of my work history & hereby authorize the release of my employment records by former employers to the GWTP.

Student Signature: _____ Date: _____

Intake Staff Signature: _____ Date: _____

Staff only:

Referral from WIOA Core Partner or One- Stop? Yes ___ or No ___ If Yes, Name of Referring WIOA/One-Stop : _____

Do you live in (Please check one): Rural Area Urban Area with High Unemployment Neither

in a correctional facility in a community correctional program in other institutional setting

BARRIERS TO EMPLOYMENT INFORMATION: (PLEASE CHECK ALL THAT APPLY)

- Low Income Individual with a Disability
Youth Exhausting TANF within 2 years
English Language Learner, Low Literacy Levels, Cultural Barriers Youth in Foster Care/Aged out of System
Homeless Person or Runaway Long term Unemployed
Displaced Homemaker Migrant and Seasonal Farmworker
Ex-Offender Single Parent

Manufacturing

Transportation, Distribution & Logistics



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RELEASE OF INFORMATION

To Whom It May Concern:

I certify that the information is complete & accurate statement of my work history, I hereby authorize and direct any or all of my past, current and future employers to release my employment and income information to the Greater West Town Training Partnership. This release is effective for a period of three years from the date of the signature.

Signature: _____

Date: _____

S.S. #: _____

Training Center: 500 N. Sacramento Blvd-Chicago, Illinois 60612

Shipping and Receiving Training Program
Telephone: 312-563-9028

Fax 312-563-9756

www.gwtp.org

www.facebook.com/greaterwesttown

Woodworkers Training Program
Telephone: 312-563-9570

GWTP is committed to the policy that all persons shall have equal access to its programs, facilities, services without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, or sexual orientation.