**PARTICIPANT INTAKE FORM PERSONAL INFORMATION DISCLOSURE AND ACCURACY STATEMENTS:**

\_\_\_I, hereby, give Women Gone Global Partners LLC (WGGP) the right to use my participant information and distribute only that information which is necessary to its affiliates for the sole purposes of training and employment.

\_\_\_The information I am providing throughout the entire WGGP Intake Process is voluntary and accurate to the best of my knowledge.

I understand that providing this information does not guarantee, or prohibit, employment.

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

**PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL DEMOGRAPHICS**

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Age at Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: ( ) Male ( )Female ( ) Wish not to disclose

 **RACE/ETHNICITY:**

\_\_\_ Black /African American \_\_\_ Spanish/Hispanic/Latino Origin

\_\_\_ Native American \_\_\_ Asian

\_\_\_ Wish not to disclose

Are you a US Veteran? ( ) Yes ( ) No

**TRANSPORTATION**

Do you currently have reliable transportation? ( ) Yes or ( ) No

Do you have access to public transportation? ( ) Yes ( ) No

**VOCATIONAL GOALS AND EXPERIENCE**

1. Have you completed a Ready to Work program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you interested in a part-time or full-time position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Have you worked as an apprentice before? ( ) Yes ( ) No

If yes, what industry or construction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT INFORMATION**

Which best describes your current employment status? (Check all that apply)

\_\_\_ Employed working for wages

\_\_\_ Self-employed

\_\_\_ Working 15+ hours per week unpaid in family business.

\_\_\_ “Employed” includes if you are away from job because of vacation, leave, etc.)

\_\_\_ Part-time Full-time (PT is less than 30 hrs./wk. or considered PT by your employer)

\_\_\_ Self-employed

\_\_\_ Employed, but received termination notice from employer/military

\_\_\_ Not employed (not working, but available for work and looking for work)

\_\_\_ Exhausted Unemployment Benefits, and don’t have an appropriate job

\_\_\_ Have been unemployed for 27 or more consecutive weeks, but have been looking for work and was

 available for work during the entire time

\_\_\_ Not in labor force (not employed and have not actively been looking for work)

**INCOME**

Do you or someone in your home currently receive any of the following (check all that apply):

\_\_\_ Food stamps (SNAP- Supplemental Nutrition Assistance Program)

\_\_\_ Childcare Subsidy

\_\_\_ Housing Subsidy

 \_\_\_ Disability Assistance Transportation