

Intake Form
Main South Community Development Corporation
Workforce Development Center

Name: _____

Date of Birth: _____
Month (MM) / Day (DD) / Year (YYYY)

Address: _____
Street Apt. #

_____ City State

_____ Zip Code

Phone: (_____) _____
Area Code

Please Indicate the Service you are seeking (check all that apply):

Resume Assistance **Job Placement** **Basic Life Skills**

Computer Skills **Cover Letter Assistance**

Have you prepared a resume in the past?

Yes **No**

If yes, do you have an existing resume?

Yes **No**

Please indicate your level of computer skills:

None **Some** **Proficient**

In Addition to providing workforce assistance, the MSCDC can also provide information regarding other services available in the community.

Are you currently displaced from your residency?

Yes **No**

Please indicate if you are in need of any service agency assistance (check all that apply):

- Food Pantry** **Shelter** **Mental Health Assistance**
 Drug Rehabilitation **Other (please explain)**

Are you experiencing any financial hardship at this time that will hinder your ability to sustain a job?

- Yes** **No**

Are you experiencing any other personal issues that will hinder your ability to sustain a job?

- Yes** **No**

If yes, please explain:
