

# PARTICIPANT INTAKE FORM



Last Name		First Name		MI	Birthdate		Social Security #	
Address				City		State		Zip
Phone Number		Alternate Phone		Cellular Phone		E-Mail Address		
<b>EDUCATION</b>								
School Name				City		State	Dates Attended	Graduated? Yes ___ No ___
Subject Studied				Degree/Certificate/License				Received (Mth/Yr)
School Name				City		State	Dates Attended	Graduated? Yes ___ No ___
Subject Studied				Degree/Certificate/License				Received (Mth/Yr)
<b>EMPLOYMENT HISTORY</b>								
Company Name (list most recent job first)			City		State	Period Employed		Currently Employed? Yes ___ No ___
Job Title			Job duties			Reason for Leaving		
Company Name (list most recent job first)			City		State	Period Employed		Currently Employed? Yes ___ No ___
Job Title			Job duties			Reason for Leaving		
Company Name (list most recent job first)			City		State	Period Employed		Currently Employed? Yes ___ No ___
Job Title			Job duties			Reason for Leaving		
<b>EMPLOYMENT PREFERENCES</b>								
List your top 3 job preferences:								
1. _____								
2. _____								
3. _____								
<b>BARRIERS TO EMPLOYMENT</b>								
Do you have reliable transportation? Yes ___ No ___ If yes, what type? _____								
Do you have reliable childcare? Yes ___ No ___								
Do you have interview clothing? Yes ___ No ___								
Can you pass a drug test? Yes ___ No ___								
Have you been convicted of a crime? Yes ___ No ___ if yes, please explain: _____								
Do you have any other barriers that might impede your ability to work? Yes ___ No ___ If yes, please explain: _____								

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

HDA Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

## HIGHER DEVELOPMENT FOR ACHIEVERS

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