



Ticket to Work Intake Form

Please respond with information to all applicable questions.
All information obtained is strictly confidential.

Name: _____ Date: _____

SSN #: _____ DOB: _____

Address: _____

(Street) (City) (State) (Zip)

Home Number: _____ Alt Number: _____

Email: _____

SOCIAL SECURITY (Please check all that apply):

SSDI SSI Type of Disability: _____

EDUCATION AND TRAINING:

Do you have a high school diploma or GED? Yes No

Check all that applies to you: Technical Some College Associates Bachelors Masters

Please list any occupation license or training certificates you currently hold: _____

EMPLOYMENT (Last three employers):

(Employer) (Job Title) (Years Employed) (Reason for Leaving)

(Employer) (Job Title) (Years Employed) (Reason for Leaving)

(Employer) (Job Title) (Years Employed) (Reason for Leaving)



An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Florida Relay #711.



JOB READINESS:

How will you get to work/school everyday? Own Vehicle Bus Walk Ride with friend/Family

Do you have a computer at home? Yes No

If yes, please check all that apply: Internet access Assistive Technology _____

SKILLS: (Please check off the skills/knowledge you currently possess)

OFFICE

- Typing WPM _____
- Reception
- Word
- Outlook
- Internet
- Bookkeeping
- Data Entry
- Excel
- PowerPoint
- Customer Service

COMPUTER

- Networking
- Help Desk
- Graphics
- Engineer
- Software Proficiency
- Programming
- Telecommunications
- Other _____

RETAIL/FOOD SERVICE/HOSPITALITY

- Cashier
- Server
- Grocery
- Sales
- Food Prep.
- Housekeeping
- Cruise Line
- Management

OTHER PROFESSIONAL SKILLS

- Accounting
- Child Care
- Education
- Security
- Banking
- Cosmetology
- Law Enforcement
- Other _____

Participant Signature: _____

Date: _____



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