

Gavilan College CalWORKs Intake Form

Personal Information

Date:		SS#:		G00	
Semester:	Summer	Fall	Spring	Year:	
First Name:			Last Name:		
Mailing Address:					
Street		City		Zip Code	
Home Phone #:		Cell/Message PH#:			
Email Address:					
Date of Birth:			Gender:		
			Male		Female
Ethnicity:	Latino/a	Caucasian	Asian	African-American	Other:
Marital Status:			CalWORKs Case Status:		
Single	Married	Separated	One Parent		Two Parent

[illegible]

Educational Background

Highest Grade Completed:	Do you have a:	HS Diploma	GED
High School Attended:	Graduation Year:		
Colleges Attended:	Degree/Certificates Earned:		

Educational & Career Goals

What is your career goal?	Desired major:		
You plan on earning:	Certificate	AA/AS	BA/BS

Support Services

Are you or were you in foster care and interested in learning about additional resources and services you may be eligible for? Yes No

CalWORKs Worker: Eligibility Worker:

Have you applied for:	Fee Waiver	Financial Aid	EOPS	CARE	TRIO	DRC
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What support services are needed for you to be successful? (Check all that apply)

Housing	Legal	Health	Felony	Childcare	Learning Disabilities	Transportation
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Educational & Skills Background

In effort to assist you in obtaining work experience related to you career goals please answer the following:

Employment/Work-Experience History: Please begin with most recent include paid and unpaid work.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

Are you bilingual? No Yes **Language:**

Computer Programs you know:

Skills/Abilities:

Are you interested in working while you attend Gavilan College? NO YES

If you answered YES to the above question, what type of work are you interested in?

How many hours a week are you willing/able to work? 0-10 10-15 15-20 more than 20

Would you prefer employment: On Campus Off Campus Why?

Describe any other barriers not already mentioned in this intake form that you feel we should be aware of: