GOODWILL EMPLOYMENT CONNECTIONS GOODWILL EMPLOYMENT CONNECTIONS GOODWILL

Name_____ Social Security Number_____

Address_____City_____State_____Zip_____County_____

Phone: _____Today's date_____Gender_____Race_____

FAMILY

Circle one: *Single Married Separated Divorced Widowed* Birth date _____

Number of children under 18:_____ Who is their legal guardian? _____
Please provide their name, age, male or female:

_____

_____

Who in your family has depression, addiction, anxiety, or other issues? ***Please include aunts, uncles, cousins, etc.***

	Name	***Sex***	***Age***	***Issue/Disease***
1.				
2.				
3.				

EDUCATION

What is the highest grade you completed?_____ Do you have a *(check one)* ( ) GED - ( ) H.S. Graduate
( ) Some college, no degree- ( ) Associate degree- ( ) Bachelor degree+ higher- ( ) Certificate

What was the last school you attended?_____ When? _____

BENEFITS

List amount you receive each month: SSI $_____ Worker's Compensation $_____ SSDI $_____
Food Stamps $_____ Temporary Cash Assistance $_____ Housing Assistance $_____ VA $_____
Any other source of income _____$_____

What branch of the military did you serve in? _____ Discharge date and status_____

LEGAL

How many times have you been arrested? _____

	When	***Where*** *(institution or facility)*	***Reason***
1.			
2.			
3.			

MEDICAL

List all medical conditions or disabilities you have had that *might* affect your ability to work_____

_____

What are you allergic to?_____

Please list any prescription medications you have taken for depression, anxiety, or any other mental emotional conditions:_____

How many times have you been *hospitalized* for mental health or alcohol + drug related problems? ____

	Where	***When***	***Doctor***	***Reason***
1.				
2.				
3.				

How many times did you receive *outpatient* services for mental health/ substance abuse issues? _____

	Where	***When***	***Counselor/Therapist***	***Reason***
1.				
2.				
3.				

What substances have you used?

	Substance	***Last time used***	***How much***	***How often***
1.				
2.				
3.				

What recovery programs have you been in?_____

EMPLOYMENT

Your last employer:_____Wage_____Dates_____

Type of work_____Position_____

Reason for leaving_____

IDENTIFICATION DOCUMENTATION

Place a check mark next to the ID's you have ( ) Birth certificate ( ) Current state ID/driver's license

( ) Social security card ( ) Passport ( ) Medical record Other:_____

EMERGENCY CONTACT

Name_____

Address_____

Phone numbers:_____

Your signature_____Date_____