



COMMERCIAL FOOD EQUIPMENT SERVICE TECHNICIAN PROGRAM

CFEST Intake Form

Can be faxed, emailed, or returned in person. Fax to 405-682-7578.

PARTICIPANT INFORMATION

Full Name:

Last First/ Middle Initial Social Security#

Address:

Street Address Email address

City/Zip Phone number

Do you have a valid driver's license, or can you obtain one? Yes No
Are you registered with Selective Service? (males) Yes No

Emergency Contact

Last First Number

DEMOGRAPHIC INFORMATION

Date of Birth:

Gender: Male Female

Ethnicity: Hispanic/Latino Asian
Black American Indian Hawaiian/Pacific Islander
White Alaskan Native

MILITARY STATUS

Are you a Veteran? Yes No Are you a spouse of a veteran? Yes No
Are you a Disabled vet? Yes No Did you receive an honorable
Discharge or General Discharge? Yes No

EMPLOYMENT INFORMATION

What is your current employment status?

Employed
 Unemployed: How many weeks? _____
 Underemployed
 Employed but received Notice of Termination or Lay-off Letter
 Dislocated/Laid off (receiving Unemployment benefits) Lay off Date: _____
 TAA eligible: Petition# _____

Unemployment Compensation, (UI) or other compensation status:

I am eligible and claiming UI Number in household _____
 I have exhausted my UI Monthly income _____
 I am not eligible for UI
 I am currently receiving TAA benefits
 I am eligible to receive TAA benefits

Please indicate your skill level with food equipment repair:

- Possess some work/life experience _____
- No food equipment repair equipment
- Possess little to no employment history

EDUCATION STATUS

Please indicate the highest level you have completed

- High School Diploma or GED
- Some college
- Other _____
- 4 year college degree
- Not completed High School

Are you currently enrolled in school? Yes No

If so, where? _____

EDUCATIONAL GOALS

What are your educational goals?

- Industry Certificate
- 2 year degree
- Other areas of interest _____
- 4 year degree
- Undecided

OTHER

What other services are you currently receiving, or have received in the past 6 months?

- TANF
- SSI
- Housing
- Food Stamps/SNAP
- TRA
- Other General Assistance

Have you ever been convicted of a felony? Yes No

If YES, please list year and offense: _____

How did you find out about the CFEST program?

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.

Under the Federal Educational Rights and Privacy Act (FERPA), Oklahoma City Community College/Professional Development Institute/CFEST Program is required to maintain the confidentiality of personally identifiable information contained in educational records and cannot release this information to third parties without consent from the student. The CFEST program is funded by the U.S. Department of Labor. In order to administer the program and to meet government grant requirements, the CFEST program will need to release confidential information contained in this application to the program partners, which include the Department of Labor/Trade Adjustment Assistance Program, Oklahoma Workforce, and other internal office staff at the College. As a voluntary participant, I hereby authorize the CFEST Program to disclose the information in this application to the program partners for the purposes set forth above.

Participant signature

Date

FOR INTERNAL USE ONLY

Assigned ID # _____

Cohort# _____

Eligible Participant

Not Eligible

Starting date: _____

What Module are they starting with?

Electric

Gas

Steam

Hydraulics/Pneumatics

Check all that apply:

TAA

WIOA Youth

Offender

Low income

WIOA DLW

Veteran

Other services provided (If not eligible):

Resume assistance

Soft skills

Referral for other services

Release of information

Confidentiality Statement complete/FERPA

Selective Service Verified

Additional comments:

Intake completed by: _____

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NEEDS AND BARRIERS
EMPLOYMENT ASSESSMENT

Name: _____

Date: _____

NEEDS/BARRIERS

Please check all that apply

PERSONAL & FINANCIAL

- I have reliable transportation to/from work or job search
- I have a current driver's license
- I have current insurance for my vehicle
- I have childcare for employment and/or job search
- If not: I can obtain childcare
- I have enough income to live on & pay rent/utilities, etc.
- My current living situation is secure
- If not: I have an eviction/foreclosure
- I am in a shelter or a doubled up situation
- I have access to healthcare coverage for myself and/or my family
- My credit history is good
- I have been on public assistance for a long time

LEGAL

- I am an ex-offender with one or more felony convictions
- I have one or more misdemeanor convictions
- I am currently on parole or probation
- I have an honorable or general discharge from the military
- I am having a difficult time making child support payments:
- I am a US citizen
- If **not** a citizen: I am a legal permanent resident
- My immigration status and/or work authorization is a concern to me

EMOTIONAL & PHYSICAL

- I have physical health issues that may limit or prevent employment
- I have mental health issues that may limit or prevent employment
- I have immediate family members who have serious health issues
- I have depression, low self-esteem, lack of energy or motivation
- I have a history of drug and/or alcohol abuse
- Domestic violence is present in my household
- I have learning challenges. Please circle: ADD, ADHD, Dyslexia, Asperger's, other

TRAINING & WORK EXPERIENCE

- I have a high school diploma or a GED
- I have a certification and/or I am licensed
- What is your certification or license? _____
- I have basic reading and/or math skills
- I have some beneficial work experience in food equipment repair
- I feel I have marketable job skills
- I am proficient in the English language
- If not, I have trouble with: Reading Writing Speaking

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NEEDS AND BARRIERS
EMPLOYMENT ASSESSMENT

- English is commonly spoken in my household
- If fluent in a language other than English, please name the language _____
- I have been fired from a job
- I have been laid off from my job in the last 12 months

JOB SEEKING KNOWLEDGE & PREPAREDNESS

- I have knowledge about careers that are available & currently in demand
- I have completed a career assessment within the last 12 months
Where? _____
- I need help listing my personal strengths & weaknesses and discussing my career goals.
- I have completed aptitude & abilities assessments within the last 12 months
Where? _____
- I need help finding and applying for a decent job
- I need help preparing a resume that I can use to get a job
- I have the necessary computer skills to find and apply for jobs on the internet
- I am comfortable completing job applications
- I could use some help with my interviewing skills
- I have appropriate clothing for interviewing
- I have good personal and/or professional references to include on an application

COMMENTS

Please use this space to include any additional comments you feel may be helpful. Please indicate any other barriers that were not mentioned in this assessment. Thank you for your input.
