



1517 Ellis St., Bldg. 1201
Fort Carson, CO 80913 TEL (719) 526-0452

EMPLOYMENT READINESS PROGRAM INTAKE FORM

BACKGROUND INFORMATION

Name: _____

DOB: _____

Sponsors Name/DOB: _____

Rank: _____

Unit: _____

Address: _____

Email: _____

Phone: _____

Is Spouse/client currently employed? NO: _____ YES: _____ Employer: _____

ASSESSMENT

Arrival Date to Ft. Carson (mo/yr): _____ Previous Duty Station: _____

Client would like assistance with:

Resume Review: _____

Job Search Assistance: _____

Federal Resume: _____

Interview Preparation: _____

High School Diploma YES: _____ NO: _____ GED: _____

College Degree YES: _____ NO: _____ TYPE: _____

Licenses and/or Certifications Held: _____

Future Education Plans: _____

Work Experience: _____

Career Goals: _____

NOTES: _____

Received: _____ By: _____