

SELF-ASSESSMENT FORM

PERSONAL DATA

Name: _____ Age: _____

Address: _____

Cell Phone: _____ Email Address: _____

How many people live in your household? _____ Are you responsible for caring for a disabled person daily? _____

Do you have minor children who are temporarily out of the home? _____

➤ If yes, when are the children expected to return? _____

What help do you think you could get from family and friends if you take classes, look for work or get a job?

Do you work with other organizations such as HUD, CASA, Department of Corrections, etc.? _____

➤ If yes, which organizations? _____

WORK HISTORY

Are you currently employed? _____ (*This includes in-kind work or work at less than minimum wage*)

➤ If yes: Where are you working? _____

How many hours a week are you working? _____

How many jobs have you had in the last 12 months? _____

Tell us about your work history? What types of work have you done and for how long?

Why did you leave your last job? What could have helped you keep the job?

Tell us about any volunteer work or community service you have done: _____

What kind of job would you like to have and why? _____

Are you willing to relocate or commute to become employed? _____

Have you served in the military? _____ If you are you eligible for military benefits, have you applied? _____

YOUR EDUCATION

What was the highest grade you completed in school? _____ What year did you complete that grade? _____

List any special classes you were in: _____

Tell us about any degrees or certifications you have: _____

Are you currently enrolled in school or training? _____

➤ If yes: Where are you attending? _____

Which classes or training are you enrolled in? _____

Are you interested in training? _____ If so, what types of training? _____

YOUR HEALTH

Do you have medical/mental health problems that could affect your working? _____

➤ If yes, please explain: _____

Could you pass an employer's drug screening today? _____ Are you currently in drug or alcohol treatment? _____

➤ If yes, what type of program? _____

Do you have any history of domestic violence? _____

Could you be in any danger of physical, emotional, or sexual abuse if you look for work or go to work? _____

YOUR FINANCES

What other income do you have that could help you? _____

Are you in danger of eviction or utility shut off? _____

Do you have any bills or debt that could cause wage garnishment? _____

YOUR STRENGTHS

What are your strengths and special talents? _____

What languages do you speak other than English? _____

What other languages do you read/write? _____

OTHER

Do you have any criminal history? _____

➤ If so, what were the charges and dates? _____

Do you have a telephone? _____ Do you have access to a computer? _____ Personal or public? _____

Do you need help looking for jobs online and filling out online applications? _____

Do you have ID needed to obtain employment? _____

Do you have a current and valid Driver's License? _____

What forms of transportation do you use? _____

If you have a vehicle, do you have vehicle insurance? _____

Do you have any expired certifications you would like to renew? _____

Do you have any other information that could affect your ability to gain or maintain employment?

SIGNATURE: _____ **DATE:** _____