**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 your 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:**

E-6FAET