



## Self-Assessment Form

### Personal Data

Name:

Age:

Address:

Cell Phone:

Email Address:

Do you have a voicemail set up? ☐ Yes ☐ No How many people live in your household?

Are you responsible for caring for a disabled person daily? ☐ Yes ☐ No

Do you have minor children who are temporarily out of the home? ☐ Yes ☐ No

If yes, when are the children expected to return?

Are you currently experiencing homelessness? ☐ Yes ☐ No

If yes, where are you currently sleeping?

Do you work with other organizations such as HUD, CASA, Department of Corrections, etc? ☐ Yes ☐ No

If yes, which organizations?

### Work History

Are you currently employed? This includes in-kind work or work at less than minimum wage. ☐ Yes ☐ No

If yes, where are you working?

If yes, 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 that you have done:

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

Are you willing to relocate or commute to become employed? ☐ Yes ☐ No

Do you have a resume? ☐ Yes ☐ No Can you pass a background check? ☐ Yes ☐ No

What is your hourly wage preference?

What are your shift date and time preferences?

Have you served in the military? ☐ Yes ☐ No

If yes, do you have any documentation to verify your service? ☐ Yes ☐ No

If you are eligible for military benefits, have you applied? ☐ Yes ☐ No

## Education

What is the highest grade you completed in school?

What year did you complete that grade?

Tell us about any special classes you were in:

Tell us about any degrees or certifications you have:

Are you currently enrolled in school or training? ☐ Yes ☐ No

If yes, where are you attending?

If yes, which classes or trainings are you enrolled in?

Are you interested in training? ☐ Yes ☐ No

If yes, what types of training?

## Health

Do you have medical/mental health problems that could affect your ability to work? ☐ Yes ☐ No

If yes, please explain:

Could you pass an employer's drug screening today? ☐ Yes ☐ No

Are you currently in drug or alcohol treatment? ☐ Yes ☐ No

If yes, what type of program?

Do you have any history of domestic violence? ☐ Yes ☐ No

Could you be in any danger of physical, emotional or sexual abuse if you look for or go to work? ☐ Yes ☐ No

## Finances

What other income do you have that could help you?

Are you in danger of eviction or utility shut off? ☐ Yes ☐ No

Do you have any bills or debt that could cause wage garnishment? ☐ Yes ☐ No

## Strengths

What are your strengths or special talents?

What languages do you speak other than English?

What other languages do you read/write?

## Other

Did you age out of the foster care system? ☐ Yes ☐ No If yes, in what state did you age out?

Do you have any criminal history? ☐ Yes ☐ No

If yes, what were the charges and dates?

Do you have a telephone? ☐ Yes ☐ No

Do you have access to a computer? ☐ Yes ☐ No

If yes, is that computer personal or public? ☐ Personal ☐ Public

Do you need help looking for jobs online and filling out applications? ☐ Yes ☐ No

Do you have an ID needed to obtain employment? ☐ Yes ☐ No

If yes, check all that apply: ☐ Social Security Card ☐ State ID ☐ Birth Certificate

Do you have a valid driver's license? ☐ Yes ☐ No

What forms of transportation do you use?

If you have a vehicle, do you have vehicle insurance? ☐ Yes ☐ No

Do you have expired certifications that you would like to renew? ☐ Yes ☐ No

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

Signature:

Date: