

GENERAL INFORMATION

Name, Last: _____ Name, First: _____

Are you legally permitted work in the USA? Yes _____ No _____

Are you a male registered with Selective Service? Yes _____ No _____ N/A _____

If "no," are you willing to register or request a waiver? Yes _____ No _____

(Proof of Selective Service attached) Yes _____ No _____

Does participant have any physical disabilities? Yes__ No__
 If so, is disability manageable in work environment? Yes__ No__

EMPLOYMENT BACKGROUND & SKILLS/EDUCATION

Do you have a professional, trade, or skill? Yes _____ No _____
 (Specify) _____

Have you attained job skills as a result of volunteer activities? Yes _____ No _____
 If "yes," describe: _____

What other job-related activities, skills, or achievements do you have? _____

Vocational Certificates Attained, including while incarcerated: Yes _____ No _____

<u>Certificate License</u>	<u>Organization</u>	<u>Completion Date</u>	<u>Action</u>

Did you previously receive your vocational training at any of the following?

	Name	Month/Year
WorkSource Center		
~Certificate/Diploma:		
Adult Vocational		
~Certificate/Diploma:		
Community College		
~Certificate/Diploma:		
ROP/Adult School		
~Certificate/Diploma:		
Other:		

~Certificate/Diploma:

COMPUTER SKILLS

Do you lack computer skills? Yes _____ No _____

Have you used a computer in the past? _____ At Home; _____ At School; _____ At Work

Do you have a computer at home? Yes _____ No _____

If yes, do you have the Internet? Yes _____ No _____

KEYBOARD SKILLS

Mark all statements that apply.

- | | |
|---|--|
| <input type="checkbox"/> Use a mouse. | <input type="checkbox"/> Identify the main parts of a computer system. |
| <input type="checkbox"/> Use Word at a proficient level. | <input type="checkbox"/> Open and close applications in Windows. |
| <input type="checkbox"/> Enter formulas in a spreadsheet. | <input type="checkbox"/> I have created graphics on a computer. |
| <input type="checkbox"/> Can set up an email account. | |

Keyboard Skills-check all that apply;

- never typed before only know how to hunt and peck
 limited typing skill ___ wpm good or excellent typing skill ___ wpm

List other knowledge or computer software, skills or courses taken.

OCCUPATIONAL SKILLS

Mark all of the following industry or occupational skill sets based on your education, training for on the job training.

- | | | |
|---|--|---|
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Administrative | <input type="checkbox"/> Design |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Logistics (driving) or (warehouse) | |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Sales or Marketing |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Culinary |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Construction | <input type="checkbox"/> Information Tech |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Counseling | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Fashion | <input type="checkbox"/> Hospitality (hotel, restaurant or events) | |
| <input type="checkbox"/> Childcare or Home Health | <input type="checkbox"/> Other _____ | |

JOB SEARCH SKILLS

Mark all statements that apply based on your job search competencies or need assistance with improving these skills.

I know how to fill out a job application both a hardcopy and an on-line application.
 Yes Yes, but could use assistance with an on-line app. No

I know how to develop a resume.
 Yes Yes, but could enhance what I have. No

I know and feel confident on managing a job interview both In person, panel or on telephone.
 Yes Yes, but could always Improve and practice. No

I feel confident networking and using social media to connect with jobs
 Yes Yes, but would like to learn more. No

I know how to job search using the computer and related job search sites.
 Yes Yes, but would like to learn more. No

I know how to dress for an Interview.
 Yes Yes, but could use some assistance. No

I can present myself in a short elevator speech.
 Yes Yes, I know what It Is, but don't have one. No

I have made a career choice and know the path to get reach it.
 Yes Yes, I know what I want, but need more Information how to reach it. No

WORK EXPERIENCE

What is your (verified) work experience? _____

Last date of employment (prior to incarceration).

Date/Time: MMDDYYYY

Longest employment held:

- Length of time- _____
- Type of Employment- _____
- Dates of Employment- _____

Have you ever been terminated from a job?

- Yes
- No

Prior Work Experience #1

Were you working prior to incarceration? _____

Name of Employer: _____ Location: _____

If "yes," what was the job title? _____

What were your job duties? _____

How long were you employed? From: _____ To: _____

Reason for termination _____

Do you believe you could return to this place of employment? Yes _____ No _____

Prior Work Experience #2

Were you working prior to incarceration? _____

Name of Employer: _____ Location: _____

If "yes," what was the job title? _____

What were your job duties? _____

How long were you employed? From: _____ To: _____

Reason for termination _____

Do you believe you could return to this place of employment? Yes _____ No _____

JOB SEEKING EMPLOYMENT PLAN

What is your short-term employment goal? _____

What type of occupation are you seeking? _____

What motivates you to go to work? _____

What are your concerns, if any, about starting to work? _____

What are your employment strengths? _____

What are your current transferable skills? _____

Are you willing to submit to a drug test as a condition of employment? Yes _____ No _____

Are you willing to be reliable and show-up on time to work? Yes _____ No _____

How far are you willing to travel to work (in miles)? _____

Are you willing to accept an entry-level or temporary position? Yes _____ No _____

Will client accept a minimum wage job? Yes _____ No _____

Do you prefer part-time or full-time work or either? F/T _____ P/T _____ Either _____

Shift Preferences? __Day Shift __Swing Shift __Night Shift __Rotating Shift __Split Shift

Are you willing to cover tattoos and/or remove piercings when interviewing and at work, which may include growing hair to cover tattoos? Yes _____ No _____

Do you have the training and/ or education that is needed to reach your short-term employment goals Yes _____ No _____

If yes,: _____

Job Search Assistance Requested:

<input type="checkbox"/> Help getting started in job search	<input type="checkbox"/> Resume assistance
<input type="checkbox"/> Completing job applications	<input type="checkbox"/> Interviewing skills
<input type="checkbox"/> Job Openings	<input type="checkbox"/> Referrals to employers

Describe client's overall job-seeking plan: _____

COMMENTS

BOT-LA Employment Assessment Form
March 15, 2016

Case Manager: _____ Signature: _____

Participant's Signature: _____ Date: _____