FORM 1901A-20

Employment Program Assessment

Name:	Address:			Phone #:
Social Security #	Do you possess a SS card? ☐ Yes ☐ No	DOB:	Age:	Ethnicity:
Any Military Service? ☐ Yes ☐ No	If Yes, Branch of service:	Dates:		Discharge Type:
What was your Military Occupational Specialty (MOS)? Explain:				
Do you have reliable transportation? ☐ Yes ☐ No	If Yes, What type? ☐ Public ☐ Other (specify): ☐ Personal			Valid Driver's License? ☐ Yes ☐ No
What other languages do you speak, read and/or write fluently?				
Do you possess or have access to your birth certificate? ☐ Yes ☐ No	Place of birth:			
Vocational:				
What are your immediate job interests?				
Do you have any special skills, certificates or licenses? ☐ Yes ☐ No If yes, explain:				
If you are not working, what have you been doing to prepare for a job or to find one? Explain:				
Do you have any job prospects right now? ☐ Yes ☐ No	If yes, where?			
What are your long-range career goals? Explain:				
Have you ever been involved with (circle each) Promise Jobs DVRS Goodwill WIA JTPA Substance Abuse Agency Other	If yes, when and where?			

Medical/Psychological:

Do you have one or more conditions that affect your ability to work? ☐ Yes ☐ No

Is your condition/s:

☐ Physical ☐ Neurological ☐ Alcohol/drugs ☐ Sensory (hear/see) ☐ Learning Disability

☐ Psychiatric/emotional ☐ Other

Briefly describe the condition/s:

How does your condition/s prevent you from getting, keeping a job or performing essential job duties?
Explain:

Have you ever been unconscious as a result of a head injury? ☐ Yes ☐ No
If yes, explain:

Describe other health problems:

Have you ever been a victim of any type of abuse – physical, emotional, sexual?

Do you have problems or concerns about the following:

☐ Stamina/strength	☐ Depression	☐ Remembering things	☐ Anger or short temper
☐ Following instructions	☐ Reading or writing	☐ Stress	☐ Concentration
☐ Getting along with others	☐ Coordination	☐ Working too slow	☐ Math
☐ Absent from work a lot	☐ Speech	☐ Anxiety or panic	

Education:

Did you complete high school? ☐ Yes ☐ No If yes, did you get a: ☐ Diploma ☐ GED
When?

Have you gone to any college, university and/or trade school? ☐ Yes ☐ No

Name	Year	Mayor area/s of study	Degrees

Employment History:

List your jobs in order by date (present/last job to past 5 years)

1.

Name of Business/Company	Type of Business/Company	Phone Number
Address: Street	City	State Zip

Dates Employed to	Position/Job title:	Salary/Wage	Supervisor Name
Job Duties/Skills:			
Reasons for leaving:			

2.

Name of Business/Company	Type of Business/Company	Phone Number
Address: Street	City	State Zip

Dates Employed to	Position/Job title:	Salary/Wage	Supervisor Name
Job Duties/Skills:			
Reasons for leaving:			

3.

Name of Business/Company	Type of Business/Company	Phone Number
Address: Street	City	State Zip

Dates Employed to	Position/Job title:	Salary/Wage	Supervisor Name
Job Duties/Skills:			
Reasons for leaving:			

4.

Name of Business/Company	Type of Business/Company	Phone Number

Address: Street	City	State	Zip

Dates Employed to	Position/Job title:	Salary/Wage	Supervisor Name

Job Duties/Skills:

Reasons for leaving:

5.

Name of Business/Company	Type of Business/Company	Phone Number

Address: Street	City	State	Zip

Dates Employed to	Position/Job title:	Salary/Wage	Supervisor Name

Job Duties/Skills:

Reasons for leaving:

Basic Resource Needs			
Please indicate in which of the following areas you will need assistance while in training and job search:			
Type of Assistance			**Describe:**
Food	☐ Yes	☐ No	
Clothing	☐ Yes	☐ No	
Transportation	☐ Yes	☐ No	
Child Care	☐ Yes	☐ No	
Medical/Dental	☐ Yes	☐ No	
Housing	☐ Yes	☐ No	
Other	☐ Yes	☐ No	

Additional Information:

Marital Status:

☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Presently dating

☐ Never Married ☐ Widowed

If you have a significant other (wife/husband and/or girlfriend/boyfriend)
His/her name: How long have you been with him/her?

Do you have any children? ☐ Yes ☐ No How many?

Do you pay child support? ☐ Yes ☐ No | Are you supposed to pay child support? ☐ Yes ☐ No

Do you have family and/or friends in this area that you would consider to be positive influences in your life?

☐ Yes ☐ No

If yes:

Name	Relationship	Where does he/she live?

Do you plan on moving? ☐ Yes ☐ No

When? Where?

Additional Comments:

Interview Conducted by:_____ Date:_____