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| **WIOA - Adult and Dislocated Workers Program**  **INITIAL ASSESSMENT** |

**General Information**

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| Name: | |
| EmployNV ID: | |
| Phone: | Phone Type: |

**Goal**

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| Employment Goal: |
| What kind of assistance are you seeking?  Job Search Assistance:  Resume Writing:  Interviewing Skills:  Training:  Career Counseling:  WorkKeys:  Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Education Information**

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| Highest Grade Level Completed?  HS Diploma/Equivalent:  Some College:  Vocational Training/Certificate:  Associate’s:  Bachelor’s:  Master’s:  Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you possess a degree, what did you study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you currently in a training or in an educational program? Yes:  \_\_\_\_\_\_\_\_\_ No: |
| Have you attended any vocational trainings or taken college classes within the past three (3) years? Yes:  No:  If yes, please indicate the type of training and dates of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you interested in going back to school to gain occupational skills? Yes:  No: |
| Can you navigate the Internet & generally utilize a computer proficiently? Yes:  No: |
| Can you use Microsoft Word, Excel & PowerPoint proficiently? Yes:  No: |
| Do you need assistance improving your math or reading skills? Yes:  No: |

Please list all Permits, Licenses, and Certifications

|  |  |  |
| --- | --- | --- |
| Name Of Permit/Card | State of Issue | Expiration Date |
| Name Of Permit/Card | State of Issue | Expiration Date |

**Job Search Information**

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| Do you need assistance to apply for Unemployment Compensation? Yes:  No: |
| Have you been unemployed for a period of more than three (3) months? Yes:  No: |
| Do you have a current resume? Yes:  No: |
| Do you have a cover letter to go with your resume? Yes:  No: |
| Do you know how to submit an online application for employment? Yes:  No: |
| Do you have clothing that is appropriate to wear for interviews/work? Yes:  No: |
| Is your email and social media “work appropriate”? Yes:  No: |

**Job Retention Skills**

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| Have you had more than one job that lasted less than one year? Yes:  No: |
| Can you use your 3 most recent prior employers as references? Yes:  No: |
| Have you ever left a job without providing notice? Yes:  No: |
| Have you ever struggled with punctuality or attendance on the job? Yes:  No: |
| Did you ever leave a job or get terminated because of a conflict with a supervisor?  Yes:  No: |
| Did you ever leave a job or get terminated because of a conflict with a coworker?  Yes:  No: |
| Have you ever been terminated with cause? Yes:  No: |

**Challenges to Education/Employment**

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| Describe your Housing Situation: Stable:  Homeless:  Transitional:  Couch-surfing: |
| Describe your Childcare Plans: Family:  Center:  EOB:  Not Sure:  Not Applicable: |
| What is your main Source of Transportation? Bus:  Car/Ride:  Bike:  Other: \_\_\_\_\_\_\_\_ |
| Do you need information on additional community resources? Yes:  No: |
| Have you ever been convicted of a crime? Yes:  No: |

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| Offense | Year | Sentence | Disposition |
| Explanation | | | |
| Offense | Year | Sentence | Disposition |
| Explanation | | | |

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| What do you perceive as your biggest barriers to finding your next job? |
| 1. |
| 2. |
| 3. |

**Applicant/Participant Attestation and Release**

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| I certify that statements made by me on this intake form are voluntary, true; complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from this program or activity. I also understand that any and all of this information provided by me may be verified and I allow the release of this information by the authorized entity for verification purposes. |

**Applicant/Participant Signature**

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| (Print Name and Last Name)    (Signature) | **Date:** |

**Equal Opportunity**

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| The age, eligibility to work status and gender information is requested for the purpose of determining our compliance with Federal civil rights laws. By providing this information, you will assist us in assuring that programs are administered in a non-discriminatory manner. Workforce Connections employment and training programs are equal opportunity programs and auxiliary aids and services are available upon request. |

**WIOA – Adult and Dislocated Workers Program Recommendations**

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| **Outcomes**  Applicant not eligible  for WIOA ADW program.  Applicant potentially eligible but not recommended for further services.  Participant recommended for enrollment and Career Services. | **Justification** |

**WIOA – Adult and Dislocated Workers Program Representative**

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| (Print Name and Last Name)    (Signature) | **Date:** |