

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

General Information

Name:			
State ID:			
Phone:			Phone Type:

Goal

Employment Goal:			
What kind of assistance are you seeking?			
Job Search Assistance:	<input type="checkbox"/>	Resume Writing:	<input type="checkbox"/>
Interviewing Skills:	<input type="checkbox"/>	Training:	<input type="checkbox"/>
Career Counseling:	<input type="checkbox"/>	WorkKeys:	<input type="checkbox"/>
Other?			

Education Information

Highest Grade Level Completed?			
HS Diploma/Equivalent:	<input type="checkbox"/>	Some College:	<input type="checkbox"/>
Vocational Training/Certificate:	<input type="checkbox"/>	Associate's:	<input type="checkbox"/>
Bachelor's:	<input type="checkbox"/>	Master's:	<input type="checkbox"/>
Other?			
If you possess a degree, what did you study? _____			
Are you currently in a training or in an educational program? Yes: <input type="checkbox"/> _____ No: <input type="checkbox"/>			
Have you attended any vocational trainings or taken college classes within the past three (3) years? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
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: <input type="checkbox"/> No: <input type="checkbox"/>			
Can you navigate the Internet & generally utilize a computer proficiently? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Can you use Microsoft Word, Excel & PowerPoint proficiently? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Do you need assistance improving your math or reading skills? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

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

Do you need assistance to apply for Unemployment Compensation? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you been unemployed for a period of more than three (3) months? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have a current resume? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have a cover letter to go with your resume? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you know how to submit an online application for employment? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have clothing that is appropriate to wear for interviews/work? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Is your email and social media “work appropriate”? Yes: No:

Job Retention Skills

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

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:

Offense	Year	Sentence	Disposition
[]	[]	[]	[]
Explanation []			
Offense	Year	Sentence	Disposition
[]	[]	[]	[]
Explanation []			

What do you perceive as your biggest barriers to finding your next job?

1. []

2. []

3. []

Applicant/Participant Attestation and Release

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

[]	Date: []
(Print Name and Last Name)	
[]	
(Signature)	

Equal Opportunity

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

<u>Outcomes</u>	<u>Justification</u>
<input type="checkbox"/> Applicant not eligible for WIOA ADW program.	[]
<input type="checkbox"/> Applicant potentially eligible but not recommended for further services.	
<input type="checkbox"/> Participant recommended for enrollment and Career Services.	[]

WIOA – Adult and Dislocated Workers Program Representative

[]	Date: []
(Print Name and Last Name)	
[]	
(Signature)	