

## Employment and Training Program JOB READINESS ASSESSMENT

<b>NAME (Please Print)</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE</b>
<b>ADDRESS</b>		<b>TELEPHONE NUMBER</b>

CASE DESCRIPTION				
County	Record Number	Cat.	Ctr. Dig.	Dist.

Your answers to the following questions will help to locate a job or training or education you want. Please complete this form and give it to the County Assistance Office. If you need help to complete this form, contact the County Assistance Office.

1. ARE YOU WORKING?  (YES)  (NO) IF YES, HOW MANY HOURS PER WEEK? \_\_\_\_\_

2. DO YOU EXPECT TO RETURN TO WORK WITHIN 60 DAYS?  (YES)  (NO)

3. ARE YOU ATTENDING TRAINING?  (YES)  (NO) 4. ARE YOU IN SCHOOL?  (YES)  (NO)

5. WHEN DID YOU WORK LAST? \_\_\_\_\_ (MO./YEAR)

6. WHAT IS THE BEST PLAN FOR YOU?

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Continue current job   | <input type="checkbox"/> Continue current training | <input type="checkbox"/> Find a job |
| <input type="checkbox"/> Enroll in job training | <input type="checkbox"/> Get more education        | <input type="checkbox"/> Other      |

7. WHICH OF THE FOLLOWING APPLY TO YOU?

- |  |  |
|--|--|
| <input type="checkbox"/> I have worked for six months out of the last twelve                       | <input type="checkbox"/> I have graduated from high school or received my GED                |
| <input type="checkbox"/> I have been trained for a specific job<br>specify kind _____              | <input type="checkbox"/> I have education beyond high school<br>year (grade completed) _____ |
| <input type="checkbox"/> I have been in military service<br>(excluding National Guard or Reserves) |  |

8. WHICH OF THE FOLLOWING DO YOU NEED HELP WITH TO ENABLE YOU TO GO TO WORK NOW?

- |   |  |   |  |
|---|--|---|--|
| a. <input type="checkbox"/> training              | e. <input type="checkbox"/> need eyeglasses          | h. <input type="checkbox"/> Child Care      | k. <input type="checkbox"/> driver's license       |
| b. <input type="checkbox"/> language              | f. <input type="checkbox"/> limited ability to read  | i. <input type="checkbox"/> transportation  | l. <input type="checkbox"/> completing high school |
| c. <input type="checkbox"/> medical problems      | g. <input type="checkbox"/> limited ability to write | j. <input type="checkbox"/> family problems | m. <input type="checkbox"/> other                  |
| d. <input type="checkbox"/> drug/alcohol problems |  |   |  |

The information you provide will be used by the County Assistance Office to assess your job readiness. If you are considered job ready, you may be referred to job center or asked to perform an independent job search as first steps in your employment development plan. You will be notified by your worker of the next steps you must take.

### FOR COUNTY ASSISTANCE OFFICE USE ONLY

1. INDIVIDUAL IS  JOB READY  NOT JOB READY
2. REFERRED TO  JOB CENTER  ETP CASE MANAGER  ENROLLMENT LIST  OTHER

Worker's Signature \_\_\_\_\_

Date \_\_\_\_\_

CLIENT COPY  JOB CENTER COPY  ETP CASE RECORD COPY  ELIGIBILITY RECORD COPY