

## EMPLOYMENT PLANNING INFORMATION

Client Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a U. S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Permit Number:	Expiration Date:
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### G / SKILLS & ABILITIES

1. Date last attended school: \_\_\_\_\_ Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

If you have not completed high school or a GED, why did you leave school?

\_\_\_\_\_

If you have attended college: How many years? \_\_\_\_\_ Major/subject area: \_\_\_\_\_

Did you receive a degree? (circle one) AA BA/BS MA/MS Other (specify) \_\_\_\_\_ What year? \_\_\_\_\_

2. List any training or certificates earned:

Type of Training	School or Training Facility	City/State	Month/Year	Certificate/License

3. Current Student?  Yes  No Where? \_\_\_\_\_

4. Do you have a valid Alaska Driver's License?  Yes  No If yes, ADL Number: \_\_\_\_\_

Driving limitations? \_\_\_\_\_

5. Veteran?  Yes  No Dates of Service from: \_\_\_\_\_ to \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Type of Discharge:  Disabled Veteran  Honorable  Dishonorable  General

Do you have a service-connected disability?  Yes  No

6. Do you have any medical problems that limit the types of work you can do?  Yes  No

If yes, do you have proof from a licensed medical provider?  Yes  No

7. List equipment, machinery, and tools you can operate: \_\_\_\_\_

8. Do you have a resume?  Yes  No

**9. List all the jobs you have had, beginning with your most recent job. Don't forget to include self-employment, part-time jobs and volunteer work.**

Job Title:		Employer:	
Employer's Address:		Employer's Telephone Number:	
Dates of Employment:	Hours/Week:	Pay per Hour:	
Duties and skills used:			
Reason for Leaving:			

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## PLANNING FOR SELF-SUFFICIENCY

1. What plans do you have to get off of public assistance? \_\_\_\_\_

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2. Are you now working?  Yes  No If yes, where? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

3. If you are not working, how long have you been unemployed? \_\_\_\_\_

4. How can we help you find a job, or help you keep the job you have? \_\_\_\_\_

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5. If you need these things for work or training, do you have them? Transportation  Yes  No

Child Care  Yes  No Clothing  Yes  No Other: \_\_\_\_\_  Yes  No

What plans do you have for child care while you work? \_\_\_\_\_

Do you have a vehicle?  Yes  No car insurance?  Yes  No Another way to get around?  Yes  No

Comments: \_\_\_\_\_

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6. Do you need help with any of these situations listed below? (Check the situations that apply to you.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pregnancy/Prenatal Care | <input type="checkbox"/> Family/Child Problems        | <input type="checkbox"/> Vision Problems            |
| <input type="checkbox"/> Family Planning         | <input type="checkbox"/> Divorce/Child Custody Issues | <input type="checkbox"/> Dental Care Needs          |
| <input type="checkbox"/> Housing                 | <input type="checkbox"/> Getting/Paying Child Support | <input type="checkbox"/> Hearing Problems           |
| <input type="checkbox"/> Drug/Alcohol Problems   | <input type="checkbox"/> Legal Problems               | <input type="checkbox"/> Trouble with English       |
| <input type="checkbox"/> Mental Health Issues    | <input type="checkbox"/> Health Problems              | <input type="checkbox"/> Difficulty Reading/Writing |
| <input type="checkbox"/> Other                   |   |   |

Comments: \_\_\_\_\_

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7. Are there other things that might keep you from going to work?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you been convicted of a crime other than a traffic violation?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you on probation or parole?  Yes  No If yes, give the name and phone number of your probation or parole officer: \_\_\_\_\_

10. Is any other agency helping you with work and family problems?  Yes  No

If yes, please list the agency, contact person, and phone number: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT GOALS:**

1. Based on your work history, what kind of employment are you seeking? Are you qualified? Amount of Experience

1<sup>st</sup> Choice: \_\_\_\_\_  Yes  No Months: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_  Yes  No Months: \_\_\_\_\_

2. If NOT qualified, how can you become qualified? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you know of any job openings in this line of work?  Yes  No Where? \_\_\_\_\_

4. Are you willing to move in order to obtain employment?  Yes  No

5. Are you willing to accept employment in a remote site?  Yes  No

6. Are you registered with the Alaska Employment Service?  Yes  No

7. Would your past employers give you a reference?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_