NOTICE OF RIGHTS

PLEASE READ BEFORE COMPLETING AND TURNING IN THIS SELF-APPRAISAL

Each person applying for the Diversionary Work Program (DWP) must complete this self-appraisal form. This information will help us give you services that will help you get a job and increase your income. You are not legally required to answer these questions. However, if you do not give us the information, or if you give us false information, program benefits may be delayed or denied.

DATA PRIVACY NOTICE: DWP staff use information you give us to help you find work. We put the information into a case file and a computer record keeping system. We use the information to make your Employment Services Plan and for reports and reviews required by federal and state agencies that fund our programs. Information on this form is private data and is available to you and other support services providers and to local and state welfare agencies. We will only share information with employers that is directly related to helping you find employment.

EQUAL OPPORTUNITY POLICY: We help people without regard to race, color, creed, religion, national origin, sex, marital status, disability, sexual orientation or status with regard to public assistance. It is our policy to follow all federal, state and local laws on discrimination.

COMPLAINT AND APPEAL POLICY: If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have a right to file an appeal. If you wish to file a complaint or appeal, please see a staff member for assistance.

The information I have provided on this self-appraisal is true to the best of my knowledge. I have been made aware of and understand the Data Privacy Notice. I agree that the information on this form may be shared among DWP agencies in order to help me find employment. My consent begins on the date I sign this form and expires at the end of my DWP eligibility.

_____ _____

Applicant Signature Date

Hennepin County Work Supports
Diversionary Work Program
Self-Appraisal Form

NAME: _____ **DATE:** _____

WORK SKILLS

1. What jobs are you looking for? _____
2. Are you able to get those jobs right now? _____
3. Do you think you need help in any of these areas in order to get a job:
   - **Yes / No** Basic computer skills
   - **Yes / No** Typing skills
   - **Yes / No** Interviewing clothes
   - **Yes / No** Adult Basic Education (reading and math)
4. Do you need help in any other areas to get jobs? (For example: a resume or a uniform.)

   _____
5. How long have you been looking work? _____
6. What job would you like to have 5 years from now? _____
7. List at least three job-related skills or strengths that will help you get and keep a job:

   _____

   _____

   _____

6. Please explain why you think you do not have a job right now: _____

   _____

7. Why did you leave your last job? _____

8. How would your last supervisor describe how you did your work? _____

   _____

ALL HOUSEHOLD MEMBERS

Name	Date of Birth	M/F	Relationship	Current Grade

CHILD CARE

Yes / No Do you have someone to take care of your children while you are working or looking for work?
If **Yes**, what days and times are they open? _____

Yes / No Do you need help finding a child care provider?

Yes / No Do you need help paying for a child care provider in order to work, job search or go to school?

Yes / No Do any of your children have a disability that requires special care from a child care provider?

Yes / No If you have a regular child care provider, do you have anyone who will care for your child(ren) if your regular provider is not available?

Yes / No Does your child care provider have a Child Care License?

Yes / No Is your child care provider also caring for children from families that are not related to you?

EDUCATION

What was the last grade you finished? _____
Circle the diploma/certificate that you earned: G.E.D HS Diploma ESL None
What was the last post-secondary year you completed? _____
Circle the diploma/certificate that you earned: A.A Certificate BA/BS MA/MS Other: _____
Is English your second language? Yes/No
Can you read, write and do basic math? Yes/ No

TRANSPORTATION

Yes / No Do you have a current/valid Minnesota driver's license?
If **Yes** what class? A B CDL

Yes / No Do you own a car that you can drive to and from work?

Yes / No Do you have insurance on your car?

Yes / No Can you take the bus or is there another way you can get to and from work?

What transportation will you use to get back and forth to work? _____
_____

LEGAL HISTORY

NOTE: We need this information to make sure you are legally able to do the kinds of work you would like to do.

Yes / No Have you been convicted of any misdemeanor(s)?
If **Yes,** dates and offense: _____

Yes / No Have you been convicted of any felony (ies)?
If **Yes,** dates and offense: _____

Yes / No Are you now on parole or probation?
If **Yes,** Parole officer name and phone: _____

Yes / No Do you have any court-ordered activities?
If **Yes,** please describe: _____

OTHER SUPPORTS

Yes / No Do you or a household member work with a counselor, social worker or other social service agency(ies)?
If **Yes**: Agency/Provider: _____
Contact person, phone number/fax number: _____
List any other agencies or contacts with whom you are working:
_____
_____

Yes / No Do you have friends, family and community who can support and encourage you while you look for work and when you find a job?
If **Yes,** who will support and encourage you?
_____
_____

PERSONAL AND FAMILY HEALTH HISTORY

Yes / No Do you have medical problems that may limit the kind of jobs you can do?
If **Yes**, please explain: _____
_____

Yes / No Do you have a family physician/HMO clinic?
If **Yes,** please name: _____

Yes / No Are you being treated for a medical problem now?
If **Yes,** date of last visit _____

Yes / No Do you have a doctor's statement that lists work restrictions due to medical problem(s)?
If **Yes,** please describe: _____
_____

Yes / No Do you have emotional concerns that may limit the kind of jobs you can do?
If **Yes,** please explain: _____
_____

Yes / No Do you have medical or emotional concerns that youhave not yet reported to a doctor?
If **Yes,** please explain: _____
_____

Yes / No Do you have concerns about domestic violence or abuse (physical, emotional, sexual)?
If **Yes,** please explain: _____
_____

Yes / No Is a child or other household member being treated for a medical or emotional problem right now?
If **Yes,** please explain: _____
_____

Yes / No Are you worried that your alcohol and/or drug use will make it hard for you to keep a job?
If **Yes,** please explain: _____
_____