

# Treasure Island Supportive Housing Employment Assessment Tool

## FIRST EMPLOYMENT ASSESSMENT

NAME: ,

ADDRESS:

PHONE: ( )

E-MAIL

(IF NO PHONE) HOW IS THE BEST WAY TO CONTACT YOU?:

MARITAL STATUS:  YES  NO

DOMESTIC PARTNER:  YES

DEPENDANTS: ( ) AGES:

CHILD CARE NEEDED:  YES  NO WHEN?:

E.S.L. NEEDED (SPANISH) :  YES  NO

ARE YOU WORKING?

ARE YOU SEEKING A NEW JOB?

ARE YOU SEEKING A HIGHER PAYING JOB?

ARE YOU LOOKING FOR MORE EDUCATION & TRAINING?

## GENERAL SKILLS INFORMATION

PROFESSIONAL SKILLS:  OFFICE

MANUAL LABOR RELATED

FURTHER JOB SKILLS INFORMATION:

DATES AVAILABLE FOR WORK: APPLYING FOR: FT PT TEMP

LOCATION DESIRED:

POSITION DESIRED:

CURRENT PAY: PER HOUR DESIRED PAY: PER HOUR

DO YOU HAVE A RESUME?  YES  NO

HEALTH ISSUES:

WORK LIMITATIONS:

EDUCATION:  G.E.D.  H.S.  J.C.

OTHER:

D.M.V. LICENSE  YES  NO

MEANS OF TRANSPORTATION:

IS TRANSPORTATION INFORMATION NEEDED?:

OTHER LICENSES:

LIFE EXPERIENCES:

**LAST THREE EMPLOYERS:**

DATE OF HIRE:	LOCATION:	COMPANY:	EQUIPMENT:
1.			
2.			
3.			

HAVE YOU EVER BEEN TERMINATED FROM A JOB?  YES  NO

NUMBER OF TIMES:  
WHY?

CRIMINAL RECORD:  YES  NO

FELONY?  YES  NO MISDEMEANOR?  YES  NO

EXPLAIN:

PROBATION:  YES  NO

PAROLE:  YES  NO

TERMS OF PROBATION OR PAROLE:

LENGTH AND TERMS OF PROBATION AND PAROLE:

## **PLAN OF ACTION**

■JOB GOALS:

■EDUCATIONAL GOALS:

■JOB SEARCH STRATEGY:

## **OBSERVATIONS FROM THE JOB COUNSELOR**

■GENERAL APPEARANCE:

■GENERAL ATTITUDE:

ASSESSOR:      DATE OF ASSESSMENT: