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## Job Search Re-Assessment

MWA Agency Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Customer ID #: \_\_\_\_\_

Job Search Start Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Attendance Summary (Days Present): Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_

Week 3: \_\_\_\_\_ Week 4: \_\_\_\_\_

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Summary of Job Search during the last four weeks:

Number of Interviews: \_\_\_\_\_

Names of Employers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Resumes Submitted: \_\_\_\_\_

Names of Employers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Applications Completed: \_\_\_\_\_

Names of Employers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Job Search Re-Assessment

What kind of work experience have you had in the past?

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What barriers prevented you from obtaining employment while in Job Search?

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|--|--|--|
| <input type="checkbox"/> Health Issues     | <input type="checkbox"/> Transportation      | <input type="checkbox"/> Day Care        |
| <input type="checkbox"/> Delinquency       | <input type="checkbox"/> Education           | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Housing             | <input type="checkbox"/> Skill Level     |
| <input type="checkbox"/> Expired License/s | <input type="checkbox"/> Supportive Services |  |
| <input type="checkbox"/> Other: _____      |  |  |

What kind of assistance is needed to help address your barriers?

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# Job Search Re-Assessment

Would you be interested in classroom training?       Yes                       No

If Yes, what kind \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had classroom training in the past?       Yes                       No

If Yes, what kind \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planned objectives for obtaining employment with timelines:

**Participant** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MWA** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant Signature \_\_\_\_\_

Case Managers Signature \_\_\_\_\_