

**Hennepin County Work Supports  
Diversionary Work Program  
Self-Appraisal Form**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLANNING FOR THE FUTURE**

1. What kind of work are you looking for and how long have you been looking for that job? What do you need to do to get ready to look for work now?

\_\_\_\_\_

2. What is your ideal job?

\_\_\_\_\_

3. What job(s) could you qualify for now? How much money do you need to make to become self sufficient?

\_\_\_\_\_

4. List at least three of your job related skills/strengths that will help you get and keep a job:

\_\_\_\_\_

\_\_\_\_\_

5. Circle the items that you think you need that would help you find work:

**Yes / No** Basic computer skills

**Yes / No** Typing skills

**Yes / No** Interviewing clothes

**Yes / No** Adult Basic Education (reading and math)

6. What's stopping your from working now? Please explain...

7. What are the reasons that you lost your last job?

8. How would your last supervisor describe your work performance?

## ALL HOUSEHOLD MEMBERS

Name	D.O.B	M/F	Relationship	Current Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### CHILD CARE

- Yes / No** Do you currently use a child care provider?
- Yes / No** Will you need help paying for a child care provider in order to work, job search or go to school?
- Yes / No** Do you need help looking for a child care provider?
- Yes / No** Do any of your children needing child care have a disability requiring special care from a child care provider?
- Yes / No** If you have a child care provider do you also have a back up that will care for your child(ren) when your regular provider is not available?
- Yes / No** If your child-care provider does not have a "child care license" are they caring for more than one unrelated family's child(ren)?

If you have a child care provider what are their hours of operation?

### EDUCATION

- What was the last grade that you completed? \_\_\_\_\_
- Circle the diploma/certificate that you earned: G.E.D., HS Diploma, ESL.
- What was the last post-secondary year you completed? \_\_\_\_\_
- Circle the diploma/certificate that you earned: A.A., Certificate, BA/BS, MA/MS.
- 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? Class "A", "B", "CDL"
- Yes / No** Do you own a reliable car?
- Yes / No** Do you have insurance on your car?
- Yes / No** Is bus service or other reliable transportation available?

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

\_\_\_\_\_

## PERSONAL – SOCIAL – LEGAL CONCERNS

**Yes / No** Do you have an arrest or conviction record?

**Yes / No** Misdemeanor(s), dates, offense: \_\_\_\_\_

**Yes / No** Felony (ies), dates, offense: \_\_\_\_\_

**Yes / No** Are you now on parole or probation? Parole officer name and phone: \_\_\_\_\_

**Yes / No** Do you have any court ordered activities? \_\_\_\_\_

What, if any, personal or family health problems will you have to solve in order to work?  
\_\_\_\_\_

What are you doing now to solve those problems? \_\_\_\_\_  
\_\_\_\_\_

**Yes / No** Would you like additional assistance to solve those problems?

## OTHER SUPPORTS

**Yes / No** Do you or a household member work with a counselor, social worker or

Other social service agency(ies)? Agency/Provider: \_\_\_\_\_

Contact person, phone number/fax number: \_\_\_\_\_

List additional agencies/contacts: \_\_\_\_\_

**Yes / No** Do you have friends, family and community who can support/encourage you while you look for work and when you find a job? Please identify your supporters:  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL AND FAMILY HEALTH HISTORY

**Yes / No** I have medical/health concerns that may limit the kind of jobs I can do.

EXPLAIN: \_\_\_\_\_

**Yes / No** I have a family physician/HMO clinic: \_\_\_\_\_

**Yes / No** I am being treated for a medical problem now. Date of last visit? \_\_\_\_\_

**Yes / No** I have work restrictions (temporary or permanent) because of my medical problem(s).

EXPLAIN: \_\_\_\_\_

**Yes / No** I have emotional concerns that may limit the kind of jobs I can do.

EXPLAIN: \_\_\_\_\_

**Yes / No** I have medical or emotional concerns that I have not yet reported to a doctor.

EXPLAIN \_\_\_\_\_

**Yes / No** I have concerns about domestic violence/abuse (physical, emotional, sexual).

COMMENTS: \_\_\_\_\_

**Yes / No** My child or another household member is being treated for a medical/emotional problem now. EXPLAIN: \_\_\_\_\_

**Yes / No** I have concerns about alcohol and or drug use and my ability to keep a job.

**PLEASE READ BEFORE COMPLETING AND SUBMITTING THIS APPLICATION.**

This application is used to assess each applicant at intake to determine the person's eligibility for services and to determine which services will help the applicant get a job and increase in income. So that we can make the best possible assessment, we will be asking you to give us information about yourself. Except for your Social Security Number, all of the information you will be asked to supply on our application form is necessary to complete our assessment.

**DATA PRIVACY NOTICE:** DWP staff uses the information you give us to help you find employment. We put the information into a case file and a computer record keeping system. We use the information in your assessment to develop an Employment Services Plan and to gather information for reports and audits required by Federal and State agencies that provide money to run 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 share only information directly related to helping you find employment with employers.

You are not legally required to answer these questions. However, if you do not provide the information, or give us false information, program benefits may be delayed or denied.

**EQUAL OPPORTUNITY POLICY:** We consider the applicants 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 abide by all Federal, State and Local laws concerning 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 application 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