

EMPLOYMENT SERVICES ASSESSMENT

Office Use Only: Program: DWP _____ Enrollment Date _____
MFIP _____ County Application Date _____
FSET _____ Job Counselor _____

Personal and Contact Information

Today's Date _____

Social Security Number: _____ - _____ - _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Telephone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Message Phone: _____ - _____ - _____ Email Address: _____

Please List Household Members Other Than Yourself (include pregnancy due date for unborn child)

Full Name	Date of Birth	Age	Relationship	Needs ChildCare

Residential Address

Address 1: _____

City: _____, MN Zip _____

Last address moved date _____

Mailing Address

Same as residential address

Address 2: _____

City: _____, MN

Zip: _____

Demographics (Your Personal Information)

Birth Date: _____ / _____ / _____ Age _____
Month / Day / Year

Gender: Male Female

Race: American Indian or Alaskan Native
 Asian
 Black or African American
 Hawaiian Native or other Pacific Islander
 White

Ethnicity: Hispanic or Latino: Regardless of race

Disability Status: Not disabled
 Yes, and disability is an employment barrier
 Yes, disability is not a barrier to employment

Primary Language: English Other, please list: _____

Citizenship Information

Citizen/Right-to-Work Yes - U.S. Citizen No - Not U.S. Citizen Right-to-Work Legal Alien or Student Visa
Alien Registration Card ID No _____ Permanent Temporary Expiration Date: _____

Veteran Information

Veteran Status Yes No Veteran Type: _____ Active Duty Start & End Dates: _____

Have You Served Overseas? Yes No Service Related Disability No Yes, List: _____

Work / Employment Information – Current Labor Force Status

- Employed Full time Employed Part time Self-Employed
- Unable to Work Volunteering Unemployed

How many weeks have you worked out of the 24 weeks (6 months): _____ Weeks
 List the number of jobs held in the past 6 months: _____ 24 months: _____

Are you looking for Employment? Yes No FT PT Any
 What shifts are you available to work: 1st / 2nd / 3rd / Any shift Other: _____
 Desired Salary \$ _____ How far are you willing to drive to work? _____

Unearned Income – Check Box if Receiving List Monthly Amount Received

- DWP/MFIP & Food Support \$ _____ / \$ _____
- SSI/SSDI / Social Security \$ _____
- Child Support \$ _____
- Worker's Compensation \$ _____
- Unemployment Insurance \$ _____
- Any Other \$ _____

Check if Child Support is not yet determined
 Check if Child Support is Ordered but not receiving it.
 \$ _____ Amount

Are YOU court ordered to pay child support? Yes No ; If yes, Amount _____
 Have you applied recently for **Unemployment Insurance**? Yes No
 Have you applied recently for **Social Security** benefits? Yes No; If yes, When? _____

Housing Rent Own What is your current monthly housing expense? _____
 Lot Rent \$ _____ Are you receiving any housing assistance? How Much? _____

Education

Did You Graduate from High School?
 Yes Diploma or GED; List School _____ State: _____ Completion Date: _____
 No Last Grade Completed: _____ List School: _____ State: _____ Dates Attended: _____

Are you Currently Attending School? Yes No
 List Current or Last School Attended _____ State: _____
 Program or Course of Study _____ Degree/Cert. _____
 Start Date: _____ Completion Date: _____
 Are you interested in any training or education program? No Yes Please List: _____

Certificates/Licenses Type: _____ Issuing Organization: _____ State: _____
 Date Issued: _____ Expiration Date: _____

List Honors/Activities/Community Involvement/Memberships/Hobbies: _____

Transportation

Do you have a valid MN Driver's License? No Yes Class _____ License # _____
 If no, why not? _____
 Other State Driver's License? Please List _____
 Do you own a vehicle? Yes No **Please provide your registration and title.**
 Do you have vehicle Insurance? Yes No **Please provide proof of insurance.**
 Type of vehicle _____ Year _____ Condition _____

Legal

Have you ever been convicted of a crime? Yes No Felony Misdemeanor Gross misdemeanor
 If so, please list offense: _____
 Are you presently involved with the court system? Yes No
 If so, Please list _____
 Are you on probation/parole? Yes No
 Do you owe fines? Yes No Amount: \$ _____ County(s) _____

Health/Family Questions – Please Provide Medical Documentation

Do you have any physical health problems?

Yes No If so, please list: _____

Do you suffer from depression or other mental health conditions?

Yes No If so, please list: _____

Are you under a doctor's/counselor's care?

Yes No If so, please list: _____

Do you have any family members in your household with physical health problems?

Yes No If so, please list: _____

Do they need 24 hour care?

Yes No If so, please list _____

Do you have any family members in your household with a mental health condition(s)?

Yes No If so, please list _____

Are any of your family members in your household under a doctor's / counselor's care?

Yes No If so, please list _____

Do you or any of your family members in your household have any learning disabilities?

Yes No If so, please list: _____

Are you a victim or are you at risk of domestic violence?

Yes No If so, please list: _____

Do you or does someone in your household have/had a problem with alcohol?

Yes No If so, please list: _____

Do you or does someone in your household have/had a problem with drugs?

Yes No If so, please list:

Have you ever been in alcohol or drug treatment?

Yes No If so, please list: _____

Employment Objective/Long Term Goal: _____

Type of Jobs You Are or Will Be Looking For:

Job Choices	Why?
1.	
2.	
3.	

If you are not currently working, please tell us why: _____

List your Employment History - Most recent first; include any volunteering.

Company Name	City, State	Phone	Dates Employed
Job Title	Salary \$	Reason for leaving	
Duties: _____ _____			
_____			Hours per week worked

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