

Career Plan Initial Assessment

Name: _____

Date: _____

Interviewer: _____

1. What do you hope to accomplish and how can we assist you?
2. Employment Information:

Do you have a resume or application for my review? If not, please give me a summary of your work history. (Types of employment, duration of employment, reasons for termination)

Are you currently working? If so, how many hours per week? Are there any opportunities for advancement with you current employer? What is your current salary?

Are you currently seeking employment?

What type of position(s) are you seeking?

What salary range would you like?

Do you need full or part-time employment?

Do you need benefits?

Do you need access to public transportation?

On average how many applications/resumes are you submitting per week?

How are you conducting your job search? Online, social media, newspaper, direct contacts with businesses, networking, etc.?

Have you been on any interviews recently?

What telephone # are you using for employers to contact you?

Do you have references? Who are they?

Do you have the appropriate attire for job interview?

3. Education Information:

What is the highest level of education you've obtained?

Have you completed any specialized training?

Do you have any credentials or certificates?

How would you rate your computer skills on a scale of 1-5 (5 being highly proficient)?

Are you currently enrolled in any training?

Do you think you would need any additional training?

Do you need information about financial aid to further your education or training?

4. Do you have children or any family member that require daily care? If so, what are the current arrangements?
5. Have you ever been convicted of a misdemeanor or felony? How long ago was the conviction? If recent, do you have a probation officer?
6. Do you have a disability that might need special accommodation to work?

7. Can you successfully pass a drug screening test, if required today?
8. What is your current living arrangement? Do you rent, own or stay with family or friends?
9. Are you currently on any prescription medication?
 - a. If yes,
 - i. Can you produce your prescribing physician's information, if needed?
 - ii. Do you need assistance with getting your prescriptions filled?
10. Are you working with any other agencies? (DSS, DRS, OAR, etc.?)
11. Do you have a budget?
12. Do you have an account with a bank or credit union? If so, do you have a checking and/or saving account? Have you had an overdraft in the last 6 months?
13. Have you used a payday/title lender in the last 12 months?
14. Have you used check cashing in the last 12 months?
15. Do you know your credit score? Do you understand the importance of credit score?
16. Do you use free tax preparation service?

17. Did you receive earned income tax credit last year?

18. Did you receive advanced refund for taxes last year?

19. Do you have any outstanding debts? If so, do you have a payment plan?

20. What are your long-term goals (5 years hence)?

Employment?

Education?

Finances?

21. What are your immediate goals (for the next 6 months)?

Employment?

Education?

Finances?

22. What steps do you need to do to accomplish your short-term goals? (Discuss and design possible action plan to be implemented)

23. Identify any resources that might be needed to facilitate your action plan.

24. What do you see as your strengths or what motivates you to succeed?

25. Discuss next steps and timeline.

Customer Signature _____

Staff _____