

MACID, INC  
EMPLOYMENT TRAINING

INITIAL ASSESSMENT INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Initial Assessment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Source of Referral \_\_\_\_\_

1. What do you expect from this program?

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2. What kind of employment/training services do you feel you need?

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3. What kind of work would you like to do?

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4. What things about you point to this kind of work?

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5. What skills and abilities do you feel you need for this kind of work?

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6. How do you think you can best prepare for this kind of work?

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7. In five years from now, what kind of career/occupation do you see yourself having?

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8. Educational Level

a. What's the highest grade you completed in school? \_\_\_\_\_

b. If college, what was your major? \_\_\_\_\_

9. Special Skills

- a. List special training or work experience acquired likely to impress a prospective employer?

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- b. Have you ever participated in a federal job training program before?

If so, list where and when below:

WHEN

WHERE

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10. Do you have a car that you can use to get to and from a training program or a job? \_\_\_\_\_

11. Do you have a valid Drivers License? \_\_\_\_\_

12. Do you have a preference as far as the work shift you would favor? \_\_\_\_\_

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13. What is the lowest wage per hour you would consider accepting for a job? \_\_\_\_\_

14. What is the longest time you held a particular job, and what kind of work was it? \_\_\_\_\_

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15. Do you feel you need more testing to assist you in finding the most beneficial employment/training program that serves your needs the best? \_\_\_\_\_

16. Do you have any criminal background issues? \_\_\_\_\_

17. Are you able to pass a drug test? \_\_\_\_\_

18. Have you attended or are you currently attending any G.E.D. or other training classes? \_\_\_\_\_

If yes, what type of class and where? \_\_\_\_\_

19. Do you have childcare in place? \_\_\_\_\_

If yes, name of child care provider. \_\_\_\_\_

20. Do you have any issues that may prevent you from complying with this program or getting a job? \_\_\_\_\_
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