

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?

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

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

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

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

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

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

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?

- 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? _____

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? _____

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? _____
