

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 KY #, if known: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Priority Level: \_\_\_\_\_ Preferred method of Contact:  Phone  Postal  E-mail

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following sheets are all part of the Customer Assessment. All paperwork in this packet must be completed and returned to WIOA Staff during your first interview. Incomplete paperwork will not be processed and can delay the enrollment process into the WIOA Program.

### Customer Self-Assessment

Is there anyone else who knows **you** better than you do? It's not likely. This exercise is designed for you to determine some things about yourself and see if there are areas in which you may need additional assistance. Please answer the questions as best you can. If you feel uncomfortable with any of the questions, you may leave those blank and we can provide some assistance.

#### Education

Are you in default for student loans?  Yes  No  
 Indicate the highest grade completed: 1  2  3  4  5  6  7  8  9  10  11  12  
 Do you have a High School Diploma or GED?  Yes  No  
 What other schooling or training have you had since high school? (Check all that apply.)  Some College Years: \_\_\_\_\_  
 Trade School  Military  Job Corps  Associate's Degree (AA/AS)  Bachelor's Degree (BA/BS)  
 Graduate Degree  Other: \_\_\_\_\_ Degree(s): \_\_\_\_\_  
 Post-secondary schools attended: \_\_\_\_\_  
 Do you have any special Certificates or Licenses?  Yes  No If so, what kind? \_\_\_\_\_  
 Are you in school or training?  Yes  No If yes, training provider: \_\_\_\_\_  
 Program or Major? \_\_\_\_\_ Prospected graduation date? \_\_\_\_\_

#### My Employment History

Most recent employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Date employed from: \_\_\_\_\_ Date employed to: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Job duties: \_\_\_\_\_  
 Previous employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Date employed from: \_\_\_\_\_ Date employed to: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Job duties: \_\_\_\_\_  
 Previous employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Date employed from: \_\_\_\_\_ Date employed to: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Job duties: \_\_\_\_\_

What steps do you feel you need to take to get a job?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Career Center Programs**

Have you previously received WIA or WIOA services?  Yes  No

Below are some services offered by the Kentucky Career Center, please designate an [x] for areas of interest.

- Job Search Workshop  Skills Assessment  On-the-Job Training  Resume Writing Workshop  Developing an Effective Job Search
- Learning Prospective Employer Expectation  Career Exploration  Interviewing Skills Workshop  Basic Computer Training
- Career Assessments  Occupational Skills Training  Identifying Employment Opportunities  Learning How to Complete a Job Application
- Learning How to Find Employment Opportunities  Other: \_\_\_\_\_

How much are you willing/able to work?  Full-time  Part-time  Either  Days  Evenings  Nights  Split

What is the lowest wage you are willing to accept? \$ \_\_\_\_\_ per hour.

How many miles are you willing to commute (one way) for work? \_\_\_\_\_

Have you applied for unemployment insurance?

- Yes, but no determination yet  No, ineligible Please explain: \_\_\_\_\_
- Yes, but denied  No, currently employed
- Yes, but have exhausted benefits  No, but plan to do so

**Other Programs**

Mark [x] on all programs from which you currently receive assistance.

- TANF  SSI  Vocational Rehabilitation
- HUD Housing  Adult Education  Retirement Pension
- Worker's Compensation  Veteran's Affairs  Other: \_\_\_\_\_
- Community Action Agency  SNAP (Food Stamps)

**Transportation**

Mark [x] on all transportation you have available to use:  Own Car/Truck  Bus  Friend/Family  Ride-Share/Carpool  Walk  Cab  
 Other: \_\_\_\_\_

How reliable is this transportation?  Very reliable  Somewhat reliable  Not reliable

Do you have a driver's license?  Yes  No  Suspended or revoked  Expired  Lost or stolen

License class:  A  B  C  D (regular driver's license)  Other: \_\_\_\_\_

Do you have any driving offenses?  Yes  No If yes, what kind? \_\_\_\_\_

Do you have vehicle insurance?  Yes  No

**Childcare**

For your job search or new job, how will you handle family/childcare, if needed?

Do you have a primary family/childcare provider?  Yes  No

**Mental/Emotional Health**

Are you currently receiving counseling services?  Yes  No

Do you feel you are in need of counseling services?  Yes  No

**Medical/Physical Issues**

Do you have health coverage?  Yes  No

Do you have health problems that prevent you from working?  Yes  No

If yes, describe these health conditions/restrictions:

Do you have medical documentation for the above?  Yes  No

Do you have a Vocational Rehabilitation Counselor?  Yes  No If yes, name and location: \_\_\_\_\_

Have you filed for or are you receiving Worker's Compensation?  Yes  No If yes, when? \_\_\_\_\_

Have you filed for or are you receiving disability (SSI/SSDI)?  Yes  No If yes, when? \_\_\_\_\_

**Legal Services**

Are you involved with legal matters that will interfere with:  Work  Your ability to seek and accept employment  None

Please explain:

Are you currently on probation or parole?  Yes  No

If yes, name and location of Probation/Parole Officer: \_\_\_\_\_

Do you have community service obligations?  Yes  No If yes, how many? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**Interests and Abilities**

In choosing a job / career, you need to know if your experience, skills, training, interests, and abilities will prepare you for the job:

What job/career do you want? \_\_\_\_\_

What interests you about this job/career? \_\_\_\_\_

What work or volunteer experience leads you to believe you would enjoy this job/career?

What have you found out about your job/field of interest from friends, relatives, and/or acquaintances that do this type of work?

What other occupations have you explored? \_\_\_\_\_

Along with the ability to perform specific job duties, it is important that the job matches your interests.

Have you taken any interest or ability assessments?  Yes  No

If yes, what assessments? \_\_\_\_\_

**Financial Responsibility**

If the cost of school is more than our career assistance program provides, how do you plan to pay for the remainder of training costs?

**Work Search Record**

Complete all information requested for each contact, if possible. **"Method of Contact"** means in person, mailed application (or resume), telephone, E-mail, etc. **"Results"** means application (or resume) submitted, interview scheduled or received, etc.

DATE OF CONTACT	NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER	TYPE OF WORK	METHOD OF CONTACT	RESULTS	APPLICATION OR RESUME FILED?
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail, E-mail, or Fax	<input type="checkbox"/> Not hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that this information is true and complete to the best of my knowledge.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Talent Development Specialist Signature: \_\_\_\_\_

Date: \_\_\_\_\_