

**Seattle Jobs Initiative
Employability Assessment & Plans**

Participant Name: _____

Assessment Date: _____

Please indicate when and/or what type of shifts you prefer to work, check all that apply:

- Full Time Part Time
 Day Shift Swing Shift
 Graveyard Shift

Please list your top three desired jobs:

Desired Wage:

- | | |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |

Please describe any education, experience, skills and/or qualifications that may help in your job search:

Education: _____

Work Experience: _____

Skills: _____

Qualifications: _____

Other: _____

1. Are you currently working with any other agencies to help you find a job? Yes No
If yes, which one(s) _____
2. Are you currently receiving Basic Food / Food Stamp benefits? Yes No
If no, please complete the Basic Food Intake Form.

English Proficiency **H** **M** **L** **N/A**

1. Do you have difficulty reading, writing, speaking or understanding English? Yes No
2. Are you currently taking an ESL class? Yes No If so, what level? _____
3. Have you taken an ESL class in the past? Yes No If so, what level? _____

Plan to address English Proficiency: _____

Transportation **H** **M** **L**

1. How do you plan on commuting to work? Bus Car Walk Get a ride/Carpool with _____
2. What work locations would you consider? _____
3. Do you own a car? Yes No
If yes, is it reliable and in good working condition? _____
4. How far are you willing to travel to your job? _____ Miles/trip
5. Do you have a back-up transportation plan? _____
6. Do you know how to plan a bus trip through Metro (206) 553-3000? Yes No

Plan to address Transportation Needs: _____

Basic Skills **H** **M** **L** **N/A**

1. What is the highest grade level you completed? _____
2. Did you have extra help in school? Yes No
If yes, please explain: _____

Plan to address Basic Skills: _____

Childcare **H** **M** **L** **N/A**

1. How many children do you have? _____
2. Who is your primary childcare provider (i.e. Daycare Center, Relative, etc): _____

3. What is your back-up childcare plan (i.e. in the case of sick child, school closures, etc): _____

4. Does your child have any special needs? _____

Plan to address Childcare: _____

Healthcare **H** **M** **L** **N/A**

1. Are you able to perform the essential job duties for the position you are interested in? Yes No
If no, what accommodation would be required for you to perform the essential functions of the position?

2. Do you have any health concerns? _____
3. Would any health concerns prevent you from showing up to work regularly and on time? Yes No
If yes, please explain: _____
4. Do you have healthcare coverage? Yes No If yes, what type of coverage? _____

Plan to address Healthcare: _____

Substance Abuse **H** **M** **L** **N/A**

1. Have you ever had any legal, family, or health problems related to the use of alcohol or drugs? Yes No
2. Are you currently in treatment or have you ever participated in treatment for substance and/or alcohol abuse?
 Yes No

Plan to address Substance Abuse: _____

Housing **H** **M** **L** **N/A**

1. What is your current living situation? _____
(i.e. rent apartment, own house, living with roommate or parents, shelter, homeless, other)
2. How long have you lived in this situation? _____
3. How stable is your housing situation? _____
4. Do you plan to move within the next 3 to 6 months? Yes No
If yes, where do you plan to move? _____
5. If you are receiving housing assistance, what type? _____

Plan to address Housing: _____

Mental Health **H** **M** **L**

1. Are you feeling anxious, depressed or under pressure more than usual? Yes No
2. Are you currently receiving or have you ever received counseling service? Yes No

Plan to address Mental Health: _____

Domestic Violence **H** **M** **L** **N/A**

1. Do you and your children feel safe at home? Yes No
2. Do you ever feel threatened at home? Yes No
3. Has your partner or anyone else ever slapped, hit or threatened you or your child? Yes No
4. Do you keep any guns or weapons at home? Yes No If so, are they locked up? Yes No

Plan to address Domestic Violence: _____

Legal/Criminal **H** **M** **L** **N/A**

1. Do you have any legal issues that could affect your ability to go to work or training? Yes No
2. Have you been convicted or pled guilty to a criminal offense within the last 7 years? Yes No
(Conviction will not necessarily bar you from employment.)

If yes, explain: _____

Plan to address Legal issues: _____

Assessment Completed by: _____

Date: _____