HVRP/SSVF EMPLOYMENT AND EDUCATION ASSESSMENT

SECTION 1

NOTE: These are general questions and space is available to gather more details. Barriers are listed on last page.

Name: _______________________________ Date: _____________________
Phone: ______________________________ Email: _______________________________

Do you have a disability? *Yes____ No_____ Currently being assessed ______
*If yes, are you receiving disability benefits? Yes____ No_____

Type of disability benefit? VA ___ SSI/SSDI ___ Percentage? 10-20% ___ 30-60% ___ 70-100% ___
*If no, are you seeking disability benefits? Yes____ No_____

Where are you staying? 

Number of people in your household:_____ Number of dependent children under the age of 18:_____

If Homeless:
Have you been homeless for a year or more? Yes __ No __ Don’t know __ Refused __
How many times have you been homeless (including this time)? _______________________
How many episodes of homelessness have you had in the past 3 years? ______________________

If currently housed, are you being evicted within 14 days? Yes __ No __ Don’t know __ Refused __

Are you currently in need of childcare assistance? *Yes ______ No ______
*If Yes, please explain: _______________________________________________________

Have you been convicted of any felonies? *Yes ___ No __ /Misdemeanors? *Yes ___ No ___
*If yes, list types of convictions and dates: ___________________________________________

Are you on probation for any violations? Yes ____ No _____ /Parole? Yes ____ No ____

Are you currently employed? *Yes____ No_____
*If yes, how many hours per week? ______ Wage per hour: ______ /or Salary per month: ______

What type of employment?_____________________________________________________
Approximate distance currently traveled to work (one way): _______________________
*If no, are you seeking employment? *Yes ___ No ____ (*If yes, more questions on page 2)

Are you currently receiving any other income? *Yes ______ No ______
*If yes, is it unemployment? _____ When does it expire? _______________________
*If yes, list type of other income: _______________________________________________

Do you currently have any professional clothes for job search? *Yes ______ No ______
What was your MOS in the military?

Do you have DD-214 in possession?  *Yes _____ No _____

EMPLOYMENT: What are your goals in reference to employment?

What type of jobs are you most interested in?

What are your skills related to the type of employment you are seeking?

Do you need child care assistance while seeking or when obtaining employment?  *Yes _____ No _____
*If yes, explain:

How comfortable are you on a computer?

List any certifications/licenses: (I.E. CDL, Forklift operator, computer, healthcare, etc.)
Current:
Past:

Are you registered with an American Job Center?  *Yes ___ No _____
*If yes, where:
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SECTION 2

JOB HISTORY (Note: Please try to list at least 3) (Note: Volunteer work does apply as job history)
Resume attached: *Yes _____ No _____

1. Employer_____________________________ Dates(month/year) ________________
   What were/are your duties?
   ________________________________________________________________________
   City/state________________________________________________________________
   Why did you leave the job?
   ________________________________________________________________________

2. Employer_____________________________ Dates(month/year) ________________
   What were/are your duties?
   ________________________________________________________________________
   City/state________________________________________________________________
   Why did you leave the job?
   ________________________________________________________________________

3. Employer_____________________________ Dates(month/year) ________________
   What were/are your duties?
   ________________________________________________________________________
   City/state________________________________________________________________
   Why did you leave the job?
   ________________________________________________________________________

4. Employer_____________________________ Dates(month/year) ________________
   What were/are your duties?
   ________________________________________________________________________
   City/state________________________________________________________________
   Why did you leave the job?
   ________________________________________________________________________
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SECTION 2 (CONT.)

EDUCATION
Are you interested in furthering your education? *Yes _____ No ____
*If yes, please list educational goals
________________________________________________________________________________________
________________________________________________________________________________________

Have you in the past or are you now receiving GI benefits for past or current education? *Yes _____ No ____
*Yes - If Current, explain: ________________________________________________________________
*Yes - If past, explain (are they used up): __________________________________________________

Please list any education and/or higher education:
Do you have a GED or High School Diploma? *Yes _____ No _____
Some college? *Yes ____ No ____ *If yes, explain: __________________________________________
College Degrees: ______________________________________________________________________
Vocational diplomas: __________________________________________________________________

VEHICLE
Do you have a valid Driver’s License? *Yes _____ No ____
If No, state ID? Yes____ No____  State issued: __________________________
If Yes, what is the issued state? __________________________
Do you own a vehicle?_________
How far are you willing to travel one way to work? _______________________________________

ADDITIONAL NOTES: (If you have any other information to add)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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BARRIER SECTION

BARRIERS TO EMPLOYMENT/EDUCATION (filled out by case mgr from answers on this sheet)

1. Has current disability: _______ Type:
   ______________________________________________________
   a. Not applicable: _____

2. Appropriate attire for job interviews (explain):
   ______________________________________________________
   a. Not applicable: _____

3. Childcare needs (explain):
   ______________________________________________________
   a. Not applicable: _____

4. Felonies/misdemeanors (explain):
   ______________________________________________________
   a. Not applicable: _____

5. Lack of GED OR High School Diploma (explain):
   ______________________________________________________
   a. Not applicable: _____

6. Driver’s license and/or vehicle (explain):
   ______________________________________________________
   a. Not applicable: _____