

HVRP Manual Sample Forms

This a sample form and does not mean NVTAC or US DOL-VETS endorses this form as required, or as an approved form. This form was one of many that were collected from service providers and is only intended to help program planners develop forms and tools that will serve the needs of their program.

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 ___

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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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HVRP/SSVF EMPLOYMENT AND EDUCATION ASSESSMENT 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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HVRP/SSVF EMPLOYMENT AND EDUCATION ASSESSMENT 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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HVRP/SSVF EMPLOYMENT AND EDUCATION ASSESSMENT 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: _____