





6. Do you have any work experience? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, please check the type of work experience.)

- Job shadowing
- Volunteering
- Student work/Study program
- Summer Job
- Part-time job for less than six months
- Part-time job for more than six months
- Full-time job for less than six months
- Full-time job for more than six months
- Other \_\_\_\_\_

7. Are you interested in training that would help you to prepare for or get a better job?  
\_\_\_\_ Yes \_\_\_\_ No

(If yes, please check the kind(s) of training you think would be most helpful for your present or future job.)

- |                         |                              |
|-------------------------|------------------------------|
| ____ a. Computer skills | ____ f. Job-hunting skills   |
| ____ b. Math skills     | ____ g. Selling skills       |
| ____ c. Reading skills  | ____ h. Telephone skills     |
| ____ d. Writing skills  | ____ i. Communication skills |
| ____ e. Social skills   | ____ j. Other _____          |

8. What kind(s) of job are you interested in getting?  
(Please check the items below that best describe the kind of job you would prefer.)

- \_\_\_\_ a. Part-time
- \_\_\_\_ b. Full-time
- \_\_\_\_ c. Any job to provide spending money until I decide on a career goal
- \_\_\_\_ d. A demanding job that does not require special training
- \_\_\_\_ e. A demanding job that will require special training in order to advance

9. What skills do you have? (Please answer the following.)

- a) Do you know how to type? \_\_\_\_ Yes \_\_\_\_ No  
If yes, how fast can you type? \_\_\_\_\_ words per minute
- b) Do you know how to use a computer? \_\_\_\_ Yes \_\_\_\_ No  
If yes, which of these computer skills do you have?  
\_\_\_\_ data entry \_\_\_\_ word processing \_\_\_\_ spreadsheets



c) Do you know how to use a ten-key calculator?  Yes  No

d) Which of these basic office skills do you have?

- file papers  sort mail  answer telephones  
 use a photocopy machine  use a fax machine  
 use a postage metering machine

e) Which of these cash-handling skills do you have?

- count money  make change  use a cash register

f) Do you know how to drive a vehicle?  Yes  No

If yes, do you have a valid driver's license?  Yes  No

g) Can you lift heavy objects and persons?  Yes  No

h) Please list any other skills you have:

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10. Do you have any medical issues/problems that impact your ability to do specific types of jobs?  Yes  No (Please explain.) \_\_\_\_\_

11. What kind of support(s) do you need to get and keep a job?  
(Please check all that apply.)

- Child Care  Transportation  Clothing/Business Attire  
 Mentoring  Counseling  
 Other (Please indicate) \_\_\_\_\_