CareerSource HEARTLAND

# Employability Questionnaire

Please complete all sections of this questionnaire. If any item is not applicable, please indicate N/A.

| | |
|---|---|
| Name | |
| SSN | |
| Are you registered in Employ Florida? Yes ○ No ○ | |

IF APPROPRIATE FOR THE WIOA PROGRAM, NO PERSON SHALL BE EXCLUDED FROM PARTICIPATION ON THE BASIS OF RACE, ETHNICITY, MARITIAL STATUS, AGE, GENDER, RELIGION, DISABILITY, POLITICAL BELIEFS, OR AFFILIATIONS.

**Your honest and thorough responses to the following questions will help us better identify any services for which you may qualify.**

| **Documentation: Can you provide proof of the following?** | | |
|---|---|---|
| Citizenship/Eligibility to Work in the United States | Yes ○ | No ○ |
| Social Security Number | Yes ○ | No ○ |
| Latest Pay Stub | Yes ○ | No ○ |
| Pay Stubs for the Last Six (6) Months | Yes ○ | No ○ |
| Household Income | Yes ○ | No ○ |

| **Workforce Services** | | |
|---|---|---|
| Have you received JTPA, WIA, or WIOA services previously? | Yes ○ | No ○ |
| If yes, when and where did you receive these services, and did you receive any certification or credential? | | |
| What services are you currently seeking from WIOA? | | |

| **Other Services** |
|---|
| Please identify all other agencies providing you services at this time (i.e., Vocational Rehabilitation, Farm Worker Program, Re-employment Assistance, Department of Children & Families, Division of Blind Services, etc.) |

| **Education** | | |
|---|---|---|
| Do you have a high school diploma? | Yes ○ | No ○ |
| Did you drop out of high school? | Yes ○ | No ○ |
| Do you have a GED? | Yes ○ | No ○ |
| If so, please indicate when and where you achieved your diploma or GED: | | |
| If not, what was the last grade you completed? | | |

| Training/Education | | |
|---|---|---|
| Have you received any training or education beyond high school? | Yes ○ | No ○ |
| If so, when and where, and in what field? | | |
| Have you ever participated in On-the-Job Training (OJT)? | Yes ○ | No ○ |
| If yes, when, and what skills did you acquire? | | |

| Credentials: Have you earned any of the following? | | |
|---|---|---|
| Associates Degree | Yes ○ | No ○ |
| Bachelor's Degree | Yes ○ | No ○ |
| Vocational or Industry-Recognized Credential(s)? | Yes ○ | No ○ |
| If yes to any of the above, in what field(s) and what date(s) of award(s): | | |

| Financial Aid | | |
|---|---|---|
| Have you recently submitted a Free Application for Federal Student Aid (FAFSA)? | Yes ○ | No ○ |
| Have you received Federal Student Aid in the past (i.e., Pell grant, student loan, etc.)? | Yes ○ | No ○ |
| If yes, are your accounts current and/or in good standing? | Yes ○ | No ○ |
| If no, please explain: | | |

| Skills |
|---|
| Please identify your employment-related skills (i.e., Clerical, Computer, Electronics, etc.): |

| Medical History | | |
|---|---|---|
| Do you have any history of substance abuse? | Yes ○ | No ○ |
| Do you have any physical or medical limitations that preclude you from performing the work involved in the training or employment you are considering, or that may affect your training in your field of interest? | Yes ○ | No ○ |
| If yes, please explain: | | |
| Can you perform the essential functions of the positions you are considering with or without accommodations? | Yes ○ | No ○ |
| If no, please explain: | | |
| Do you need assistance with the arrangement or provision of accommodations? | Yes ○ | No ○ |

| | | |
|---|---|---|
| Have you ever received Workers Compensation for an injury on the job? | Yes ○ | No ○ |
| If yes, please explain circumstances and outcome: | | |

## Legal Issues

| | | |
|---|---|---|
| Have you ever been convicted of a felony or misdemeanor? | Yes ○ | No ○ |
| If yes, please identify: Felony ○ Misdemeanor ○ | | |
| If yes, please explain: | | |
| Do you have any outstanding legal issues that may impact your ability to meet training or employment requirements? | Yes ○ | No ○ |
| If yes, please explain: | | |

## Job Search

| | | |
|---|---|---|
| Approximately how many jobs have you applied for in the past month? | | |
| Have you been called for interviews? | Yes ○ | No ○ |
| If yes, how many? | | |
| How far are you willing to travel one way to work? | | |

## Support System

Please describe your support system (who you talk to about problems that arise, who provides financial assistance, who offers you encouragement and/or motivation, etc.):

## Housing

| | | |
|---|---|---|
| Is your living arrangement permanent? | Yes ○ | No ○ |
| If no, please explain: | | |

## Employment History

Please complete the following, beginning with your most recent or last employer, for the past ten (10) years. Continue on a separate sheet if needed.

Employer's Name (last/most recent):

| | |
|---|---|
| Address | |
| City/State/Zip | |
| Job Title | |
| Dates Employed | From: To: |
| Ending Wage | |

Reason for Leaving: Quit ○ Fired ○ Laid Off ○ Other: ○

| | |
|---|---|
| Employer's Name | |
| Address | |
| City/State/Zip | |
| Job Title | |
| Dates Employed | From: To: |
| Ending Wage | |

Reason for Leaving: Quit ○ Fired ○ Laid Off ○ Other: ○

| | |
|---|---|
| Employer's Name | |
| Address | |
| City/State/Zip | |
| Job Title | |
| Dates Employed | From: To: |
| Ending Wage | |

Reason for Leaving: Quit ○ Fired ○ Laid Off ○ Other: ○

Employment History Continued on 2nd Sheet Attached _____ (check box if applicable)

## Budget Worksheet
## Please complete the following (*Note: Everyone has expenses)*

| Identify Monthly Amount of Recurring Sources of Income* | | Identify Fixed Monthly Expenses | |
|---|---|---|---|
| Employment Income | | Rent/Mortgage | |
| Spouse Income | | Electric | |
| TANF | | Gas | |
| SNAP (Food Stamps) | | Water | |
| Child Support | | Cable | |
| Social Security/SSI | | Phone | |
| Re-employment Compensation | | Food | |
| Expiration date: | | Transportation | |
| Workers Compensation Insurance | | Dependent Care | |
| Other Family Wages | | Medical/Dental | |
| Pension | | Prescriptions | |
| Other sources (please identify) | | Auto Insurance | |
| | | Other Insurance | |
| | | Child Support | |
| | | Household | |
| | | Credit Cards | |
| | | Other (please identify) | |
| | | | |
| | | | |
| Total Income | $ 0.00 | Total Expenses | $ 0.00 |

***ALL Household Income should be listed.**

**DIVIDE:**
Total Expenses $ 0.00 divided by 173 (hours/month) = $ 0.00 (Net Hourly Wage)

**MULTIPLY:**
Net Hourly Wage $ 0.00 x 1.5 = $ 0.00 (Gross Hourly Wage Needed)

**If no income or insufficient income, how are you being supported, and what is your plan to maintain or retain this financial status?**

## Childcare

Part of your decision to proceed with services may depend on obtaining suitable daycare/transportation. Remember, you may be employed or in training up to 8 hours a day, or possibly nights and/or weekends. Listed below are some options you may want to consider. Please review, then answer the following questions.

**If you have a child/children enrolled in daycare, who is your primary daycare provider? (please include address and phone number)**

**When children are ill and cannot attend daycare or school, who would care for your child/children while you are at work or in training?**

**If your primary source of daycare falls through, what will be your backup plan?**

# Transportation

| Driving Record | | |
|---|---|---|
| Do you have a valid driver's license? | Yes ○ | No ○ |
| If yes: State: License Number:<br>Expiration Date: | | |
| Do you have automobile insurance? | Yes ○ | No ○ |
| If yes: Company Name:<br>Policy Number: | | |
| Do you have traffic violations or outstanding tickets on your record? | Yes ○ | No ○ |
| If yes, please explain: | | |

| | What method/type of transportation will you be using? |
|---|---|
| | My own car or motorcycle. Make: Model: Year: |
| | Friends/Parents |
| | Bicycle/Walk. Distance to site: |
| | Other (identify): |

| Considering that you may be working or in training for many months: | | |
|---|---|---|
| Is your vehicle or transportation provider reliable enough to make the trip daily throughout the duration of your training? | Yes ○ | No ○ |
| If no, what steps will you take to assure your ride is safe and reliable? | | |
| Will you be able to deal with any general maintenance issues your vehicle may need (brakes, tires, oil changes, tune-ups, etc.)? | Yes ○ | No ○ |
| If no, how will you get to work or training when your vehicle is out of commission? | | |

| If your primary source of transportations falls through, what will be your backup plan? |
|---|
| |

**If any part of this questionnaire needs additional explanation, please indicate below. If not, indicate N/A.**

**My signature below represents an honest and thorough completion of this questionnaire.**

**Signature** **Date**