

Directions: Complete this assessment for enrollment in the FNS Employment and Training Program.

PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Permanent Address			Apartment/Unit	
City		State	Zip Code	
Mailing Address (if different)			Apartment/Unit	
City		State	Zip Code	
Telephone:		Email Address		
Date of Birth (MM/DD/YY)		Last 4 Digits of Social Security Number		

HOUSEHOLD INFORMATION

Please list all other household members:

Name	Relationship	Date of Birth (MM/DD/YY)

EMPLOYMENT INFORMATION

Are you interested in obtaining employment?

Yes	No
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What career fields interest you?

Please list information on your two (2) current and/or previous employers:

[1] Name of Employer	Job Title
Start Date	End Date
Number of Hours Worked per Week	Reason for Separation
Job Responsibilities:	

[2] Name of Employer	Job Title
Start Date	End Date
Number of Hours Worked per week	Reason for Separation
Job Responsibilities	

What other types of work or volunteer experience do you have?

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If you have a current job offer, please provide details below:

Start Date	Job Title
Name of Employer	Part time or Full time
Hourly Pay	

EDUCATION AND SKILLS INFORMATION

Do you have a high school diploma or GED?

Yes

No

If you did not complete high school, specify highest grade you completed and name of school:

Do you have a college and/or vocational degree?

Yes

No

If you attended college or vocational training, specify highest level of education completed and name of school:

List any licenses, certifications, or special training you have received. Please indicate if they are still active.

Do you have a valid driver's license?

Yes

No

Do you own or have access to a car?

What is your skill level with computers?

Beginner

Intermediate

Advanced

OTHER BACKGROUND INFORMATION

Please select all applicable sources of income:

Employment

Retirement Benefits

Workers Compensation

TANF (Work First)

Self-Employment

Unemployment

Disability Benefits

Social Security

Child Support

No Income

Other:

	Yes	No
Have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any pending charges?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to either of the two previous questions, please explain:

What obstacles/difficulties have you encountered that make finding or maintaining employment difficult?

- | | |
|--|---|
| <input type="checkbox"/> Education Requirements | <input type="checkbox"/> Criminal History/Background |
| <input type="checkbox"/> Medical and/or Physical Limitations | <input type="checkbox"/> Poor Work History/Gaps of Employment |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Transportation Access |
| <input type="checkbox"/> Inability to read or write | <input type="checkbox"/> Language Barrier |
| <input type="checkbox"/> Access to working laptop/computer | <input type="checkbox"/> Housing Status |
| <input type="checkbox"/> Access to reliable internet service | <input type="checkbox"/> Other |

Please explain any barriers you selected above:

	Yes	No
Do you understand the purpose of the FNS Employment and Training Program and your responsibility to the program?	<input type="checkbox"/>	<input type="checkbox"/>

Signatures indicate that we have jointly completed the FNS Employment and Training Assessment.

Participant's Signature	Date
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Worker's Signature	Date
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