



Job Seeker Survey

Office use only: WARN/OR# _____ Entered/SCOTI

The purpose of this survey is to gather information about you that will help us to find the resources to assist in your future employment/career. Please be as complete as possible with your answers.

Today's Date		Name	
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	SSN (optional):	
Address			
City		State	Zip Code
County of Residence			
Phone#	Alternate#	Fax#	
Email address			
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment status: Employed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hire date:	Current wage:	hrly/wkly/mthly etc.	
Unemployed <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:			
Do you receive unemployment compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last date received:	
Last date worked:	Dislocation wage:	hrly/wkly/mthly etc.	
Employer name/Address			

Experience/Skills

Future plans and activities

Do you plan to continue working? Yes No

Do you have prospective employment lined up? Yes No

Are you willing or interested in relocating to obtain suitable employment? Yes No

Are you willing to commute to your next employment? Yes No

If so, how far would you be willing to travel roundtrip? _____

Are you interested in retraining because you are unlikely to return to your previous occupation? Yes No

Have you received TRADE or WIA training funds prior? Yes No

Date last received: _____



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Areas of concern you have about your next career (circle all that apply)

- Educational/Training level Marketable skills Experience Criminal record
- Reliable transportation Valid Driver's License Physical capacity/handicap/health issues
- Age Budget Decisions (severance package/starting new employment-pros/cons)

Other: _____

I would like assistance with the following services to help me meet my employment goals:

Available Jobs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education/Job Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resume Writing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Information about the job market	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interviewing Skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	GED(High School Equivalent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deciding/planning on a new Career	<input type="checkbox"/> Yes <input type="checkbox"/> No	Finding out about my skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Advancement	<input type="checkbox"/> Yes <input type="checkbox"/> No	How to Keep a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you need assistance with any of the following Support Services?

Financial Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Ranking (Debts)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage/Utilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relocation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Finance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stress/Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol/Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Assistance/Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Educational level:

Circle the highest school grade completed
 Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 Post Secondary 13 14 15 16 17 18 19

Circle the highest degree that you have received
 None GED HS Diploma Certificates of other formal training Associate/Bachelor/Masters/Ph.D

Date/Major/Certificates received/School Name _____

Currently in school: Y N Expected Graduation Date/Major/School Name _____

I would like to start my job search now, and I would prefer to attend workshops scheduled on:

Weekdays: Mornings Afternoons Evenings

Comments: Please provide any additional ideas, suggestions or needs you may have that are not listed above.

I authorize the WorkPlus Regional System and all affiliated partners and employees to release my information to other partner agencies and employers for future training/employment opportunities

Signature: _____ Date: _____