

EMPLOYMENT DETAIL

CLIENT NAME: _____

DOA _____

Date of Assessment _____

If exempt, reason: Caring for Child School FT Medical Other: _____

Family Income _____ per _____ Source of Income _____ Source of Transportation _____

Income needed to become self-sufficient _____

Education/Training

Level of Education and Where Received _____ Field of Study _____

Languages Spoken _____

Other Training and Where Received _____ English Language Level None Poor Fair Good
(Circle One)

Considerations (describe)

- Religious _____
- Shift Preference _____
- Physical Limitations _____
- Other: _____
- Other: _____

Employment (use another sheet if necessary)

MOST RECENT EMPLOYMENT

Employer _____ Job Title _____ From/To _____

Responsibilities _____ Salary/Wage _____

Reason for Leaving _____

Employer _____ Job Title _____ From/To _____

Responsibilities _____ Salary/Wage _____

Reason for Leaving _____

Describe transferable employment skills _____

Barriers (resolution and target date)

- Child Care _____
- Transportation _____
- Medical _____
- Other: _____
- Other: _____

Plan (describe and target date)

TARGET
DATE: _____

Client Signature

Date