

Knowledge Works - Sample Document

| | | | | | | |
|--|-----|---------|---|----------|-------------|--|
| Shift Preferences: | Day | Evening | Night | Rotating | Split-shift | Any time |
| Are you willing to commute? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "YES", what is the maximum number of miles one way: | | | | | | |
| Are you seeking training services? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you want assistance in career planning? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Benefits needed: (Please check all that apply) | | | | | | |
| Health Insurance <input type="checkbox"/> | | | Paid Vacation time <input type="checkbox"/> | | | |
| Paid Sick time <input type="checkbox"/> | | | Retirement Pension <input type="checkbox"/> | | | |
| Comments: | | | | | | |

Section IV Education & Training

| | | | | | | |
|---|------------------|-------|--|--|--|--|
| High School Graduate | Year/School Name | Major | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| College Graduate | | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| GED | | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| Please list schools you attended but did not complete, including high school. | | | | | | |
| Based on your past education or work history, are you comfortable using a computer? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you able to read and write English well enough to obtain and keep a job? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you hold any certificates, licenses, or degrees? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Specify Certificate _____ | | | | | | |
| Specify License _____ | | | | | | |
| Specify Degree _____ | | | | | | |
| If you are a student, what school are you attending? | | | | | | |
| What is your field of study or major? | | | | | | |
| If you are a student, how many credits are you taking this semester/quarter? | | | | | | |
| What type of financial aid are you receiving? | | | | | | |
| When do you expect to complete this training? | | | | | | |
| Have you ever defaulted on a federal student loan? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you are requesting training, is there anything that may prevent you from attending full time? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you have you ever received Special Education services (IEP, 504, Title 1, etc), please enter your information on the last page of this document. | | | | | | |
| Are you working with any other agency regarding funding for training? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "YES", list name of agency. | | | | | | |

Section V Employment History

| | | |
|--|------------------|-------|
| Please list your last four jobs. Begin with the current or most recent job you held. | | |
| Employer | City | State |
| Job Title | Hourly Wage \$ | |
| Start Date (M/D/Y) | End Date (M/D/Y) | |
| Reason for Leaving | | |
| Job Duties | | |
| | | |

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| | | |
|--------------------|------------------|-------|
| Employer | City | State |
| Job Title | Hourly Wage \$ | |
| Start Date (M/D/Y) | End Date (M/D/Y) | |
| Reason for Leaving | | |
| Job Duties | | |
| | | |
| | | |

| | | |
|--------------------|------------------|-------|
| Employer | City | State |
| Job Title | Hourly Wage \$ | |
| Start Date (M/D/Y) | End Date (M/D/Y) | |
| Reason for Leaving | | |
| Job Duties | | |
| | | |
| | | |

| | | |
|--------------------|------------------|-------|
| Employer | City | State |
| Job Title | Hourly Wage \$ | |
| Start Date (M/D/Y) | End Date (M/D/Y) | |
| Reason for Leaving | | |
| Job Duties | | |
| | | |
| | | |

Section VI Work Readiness

| | |
|--|--|
| Do you have a current driver's license? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "NO", have you ever had one? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have a vehicle registered in your name? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the vehicle in good running order? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|--------------------------|--|
| If "NO", please explain: | |
| | |

| | |
|--|--|
| Do you have vehicle insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have any other means of transportation to get to work or training? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have a disability that makes it difficult to obtain or keep employment? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|---|--|
| If "YES" please enter additional information on the last page of this document. | |
| | |
| | |

| | |
|--|--|
| Do you need assistance in learning how to research jobs and careers or to identify a career pathway? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

| | |
|--------------------------|--|
| If "YES" please explain: | |
| | |
| | |
| | |

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Do you or any family members have any health problems that make obtaining or keeping employment difficult?

Yes No

If "YES", please go to last page of this document.

Are you working with any other agencies?

Yes No

If "YES", what agencies?

Do you or any family members have any legal problems?

Yes No

If "YES", please describe here.

Have you ever been convicted of a crime such as a felony or a misdemeanor?

Yes No

If "YES", please explain:

Are you currently on probation/parole?

Yes No

Comments

Section VII Financial Literacy

Do you have a checking/savings account? Do you know your credit score? Do you need help with budgeting your income? Do you need assistance with credit card debt?

Section VIII Aptitude (Career Services has Adult and DW Aptitude assessment too)

| Rate Your Abilities | Low | Below Average | Average | Above Average | High |
|--|-----|---------------|---------|---------------|------|
| What is your ability to learn new skills? | | | | | |
| What is your ability to understand spoken or written language? | | | | | |
| What is your ability to perform mathematic operations quickly and accurately? | | | | | |
| What is your ability to interpret maps and diagrams and visualize objects based on plans? | | | | | |
| What is your ability to see differences in shape, shade and pattern when examining or comparing objects? | | | | | |
| What is your ability to proofread, file, record and read charts or schedules – your attention to detail? | | | | | |
| What is your ability to coordinate eyes and hands or fingers rapidly and accurately? | | | | | |
| What is your ability to move fingers to manipulate small objects rapidly and accurately? | | | | | |
| What is your ability to move hands easily and skillfully when making turning motions? | | | | | |

| Section IX Employability & Development Needs | YES | NO |
|---|--|----|
| Do you have a resume? | | |
| Have you been taught how to complete a job application? | | |
| Have you had interviewing skills training? | | |
| Have you participated on a team in school or worked on a group project? | | |
| Have you explored other careers that interest you? | | |
| Do any businesses in your community employ people in this job? | | |
| Are you willing to go to college to prepare yourself for work? | | |
| Name three sources for finding career information. | | |
| How would you handle the situation if your supervisor criticized a task you just completed? | | |
| What are the qualities and/or strengths you like best about yourself? | | |
| What is one thing you do or have done that makes you feel proud? | | |
| What is your career goal? | | |
| Name three things employers expect of employees? | | |
| Do you know the amount of money you would earn if you had this job? | | |
| What was it about the job you have held the longest that you liked? | | |
| What was it about the job you held the shortest that you disliked? | | |
| Would you rather work with a team or by yourself? | | |
| Section X Interests | YES | NO |
| Do you enjoy helping others? | | |
| Do you enjoy making things? | | |
| Do you enjoy fixing things? | | |
| Do you enjoy selling things? | | |
| What school subjects do you like best? | | |
| What subjects do you like least? | | |
| Which do you like best? | <input type="checkbox"/> Working indoors or <input type="checkbox"/> Working outdoors | |
| | <input type="checkbox"/> Working with machines or <input type="checkbox"/> Working with people | |
| | <input type="checkbox"/> Working alone or <input type="checkbox"/> Working with others | |
| If you had the skills, what job do you think you would like best? | | |
| List your school activities (if this applies) and hobbies you are involved in? | | |

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Print your full legal name

| | | |
|------|-------|----------------|
| Last | First | Middle initial |
|------|-------|----------------|

If you have you ever received Special Education services (IEP, 504, Title 1, etc), please describe the type of services, assistance, or modifications you received?

Do you have a physical, emotional, or mental disability that makes it difficult to obtain or keep employment?
Yes No

If "YES" please describe:

Do you or any family members have any health problems that make obtaining or keeping employment difficult?
Yes No

If "YES" Please describe:

This sheet will be detached from the rest of the document and filed in the office confidential file. Only the office manager, your case manager and your case manager's supervisor have access to this file. For anyone else to view this information, you must complete and sign a SFN 59342 *Authorization for Disclosure of Confidential Information* available upon request from this office.

Job Service North Dakota is an equal opportunity employer/program provider.
Auxiliary aids and services are available upon request to individuals with disabilities.