



CHICAGO COOK  
WORKFORCE PARTNERSHIP

A proud partner of the AmericanJobCenter network

# Workforce Innovation and Opportunity Act (WIOA) Needs Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please take a moment to answer the questions below regarding your current needs/concerns. Answers will assist in developing your employment plan including your employment/training goals:

## **EMPLOYMENT EXPECTATIONS**

Previous Career Area/Job Title/Industry

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Desired Goals: (Mark only one)	List Occupational Areas of Interest
<input type="checkbox"/> Undecided	1.
<input type="checkbox"/> Immediate Employment Assistance (no job preference)	2.
<input type="checkbox"/> Employment in the same industry/occupation	3.
<input type="checkbox"/> Career Change	4.

<b>Employment Type</b> (Check all that apply)	
<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Apprenticeship	
<b>Full or Part Time</b> (Check all that apply)	<b>Desired Salary</b>
<input type="checkbox"/> Full Time (30 hrs or more) <input type="checkbox"/> Part Time	Hourly                      or                      Annually
<b>Maximum Commute in Miles</b>	<b>Shift Preference</b>
_____ Miles	<input type="checkbox"/> 1 <sup>st</sup> shift <input type="checkbox"/> Split <input type="checkbox"/> 2 <sup>nd</sup> Shift <input type="checkbox"/> Any <input type="checkbox"/> 3 <sup>rd</sup> Shift <input type="checkbox"/> Rotating
<b>Benefits</b> (Please select all desired)	
<input type="checkbox"/> Health Insurance <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Paid Vacation Time <input type="checkbox"/> Retirement/Pension	

### **Desired Needs toward employment**

<input type="checkbox"/> Job Search Strategy / Guidance	<input type="checkbox"/> Resume and/or Cover Letter Assistance
<input type="checkbox"/> Completing Job Applications	<input type="checkbox"/> Interviewing Assistance
<input type="checkbox"/> Referrals to Employers	<input type="checkbox"/> Job readiness Workshop
<input type="checkbox"/> Help in Career Planning	<input type="checkbox"/> Seeking Training Services
<input type="checkbox"/> Other:	

Please list other services not listed above that you are seeking:

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Are you seeking training? If yes, please specify:

YES     NO

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## EDUCATION HISTORY

### Highest Level of Education:

High School Dropout    High School Diploma/GED    Some College    Associates degree or higher

Are you Currently Enrolled in School? (if yes, where)    Yes    No   School Attending: \_\_\_\_\_

### Certificates / Licenses / Degrees Attained

1. Type:       Certification    License    Associates    Bachelors    Masters    Doctorate

Title of Program: \_\_\_\_\_

Issuing School/Organization: \_\_\_\_\_

Issuing Country: \_\_\_\_\_ Issuing State \_\_\_\_\_

Completion Date: \_\_\_\_\_ Expiration Date (If Applicable) \_\_\_\_\_

If your degree is from a different country, has it been evaluated in the US?       YES    NO

1. Type:       Certification    License    Associates    Bachelors    Masters    Doctorate

Title of Program: \_\_\_\_\_

Issuing School/Organization: \_\_\_\_\_

Issuing Country: \_\_\_\_\_ Issuing State \_\_\_\_\_

Completion Date: \_\_\_\_\_ Expiration Date (If Applicable) \_\_\_\_\_

If your degree is from a different country, has it been evaluated in the US?       YES    NO

1. Type:       Certification    License    Associates    Bachelors    Masters    Doctorate

Title of Program: \_\_\_\_\_

Issuing School/Organization: \_\_\_\_\_

Issuing Country: \_\_\_\_\_ Issuing State \_\_\_\_\_

Completion Date: \_\_\_\_\_ Expiration Date (If Applicable) \_\_\_\_\_

If your degree is from a different country, has it been evaluated in the US?       YES    NO

1. Type:       Certification    License    Associates    Bachelors    Masters    Doctorate

Title of Program: \_\_\_\_\_

Issuing School/Organization: \_\_\_\_\_

Issuing Country: \_\_\_\_\_ Issuing State \_\_\_\_\_

Completion Date: \_\_\_\_\_ Expiration Date (If Applicable) \_\_\_\_\_

If your degree is from a different country, has it been evaluated in the US?       YES    NO

## BASIC SKILLS / EDUCATION FACTORS

1. Is English your primary language spoken at home? (If no, please complete 1a – 1b)       YES    NO

1a. What is your primary language spoken at home? \_\_\_\_\_

1b. Do you require interpretation services?       YES    NO

2. Are you currently enrolled in Adult Basic Education Courses? (IE: GED or Literacy Classes)       YES    NO



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## WORK READINESS

1. Do you have Dependent Care Needs? If yes, check all that apply ☐ YES ☐ NO
- ☐ Childcare      ☐ Special Needs Child      ☐ Adult Care

2. Outline your transportation situation below:

<u>Driver's License</u> (Check all that apply)	<u>Driver's License Endorsements</u> (Check all that apply)	<u>Automobile</u> (Check all that apply)
<input type="checkbox"/> Has a Valid License <input type="checkbox"/> Does not have a License <input type="checkbox"/> Suspended <input type="checkbox"/> Restrictions <input type="checkbox"/> DUI	<input type="checkbox"/> No Endorsements <input type="checkbox"/> Air Brakes Restriction <input type="checkbox"/> Class A except bus Restriction <input type="checkbox"/> Tankers/Tank Vehicles <input type="checkbox"/> Class A except tractor/trailer rest <input type="checkbox"/> Double and triple trailers <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Passenger Vehicles <input type="checkbox"/> Combination Hazardous Materials/Tanker Vehicles <input type="checkbox"/> School Bus	<input type="checkbox"/> Owns Automobile <input type="checkbox"/> Auto needs repair <input type="checkbox"/> Lack automobile insurance <input type="checkbox"/> Cannot afford gasoline <input type="checkbox"/> Automobile impounded <input type="checkbox"/> Automobile repossessed <input type="checkbox"/> Access to dependable automobile <input type="checkbox"/> Access to public transportation <input type="checkbox"/> Relies on public transportation

3. Please give details about your access to telephone communication: (Check all that apply)
- ☐ Telephone      ☐ Access to Telephone      ☐ Cell Phone      ☐ Adequate Contact Person(s)  
 (Inside my home)      (Neighbor/Other)
4. Do you have a professional voicemail? ☐ YES ☐ NO
5. Please give details about Work Attire Needs (Check all that apply)
- ☐ Uniforms      ☐ Interviewing Clothes      ☐ Needs work tools/Equipment
6. Are there other factors preventing you from gaining employment? If yes, please specify: ☐ YES ☐ NO
- ☐ Obsolete Skills    ☐ License Expired/Revoked    ☐ Union Dues in Arrears    ☐ Other (Explain below)

7. Do you need any special accommodations to work? If yes, please specify: ☐ YES ☐ NO



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## **EMPLOYMENT /JOB SEARCH**

1. Do you have a resume?  YES  NO
2. Do you target your resume for each job applied for?  YES  NO
3. Do you have an elevator speech?  YES  NO
4. Are you comfortable using: (Check all that apply)
  - Online Job Boards     Illinois Job Link     LinkedIn
  - Other Social Media Job Search Sites (list): \_\_\_\_\_
5. Are you proficient in the following computer programs: (Check all that apply)
  - Microsoft Word     Microsoft Excel     Microsoft Outlook     Microsoft PowerPoint
6. Are you interested in Self-Employment?  YES  NO
7. Do you participate in volunteer opportunities?  YES  NO

## **OCUPATIONAL TRANSFERRABLE SKILLS**

Please check all skills that you feel you possess

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Communicate Visually or Verbally</li> <li><input type="checkbox"/> Maintain records, reports, or files</li> <li><input type="checkbox"/> Make Decisions</li> <li><input type="checkbox"/> Obtain information from Individuals</li> <li><input type="checkbox"/> Plan or organize work</li> <li><input type="checkbox"/> Provide Customer Service</li> <li><input type="checkbox"/> Use computers to enter, access or retrieve data</li> <li><input type="checkbox"/> Use interpersonal communication techniques</li> <li><input type="checkbox"/> Use project management techniques</li> <li><input type="checkbox"/> Use time management techniques</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Consult with customers concerning needs</li> <li><input type="checkbox"/> Maintain Relationships with clients</li> <li><input type="checkbox"/> Move or lift heavy objects</li> <li><input type="checkbox"/> Oversee execution of organizational or program policies</li> <li><input type="checkbox"/> Prepare reports for management</li> <li><input type="checkbox"/> Understand second language</li> <li><input type="checkbox"/> Use health or sanitation standards</li> <li><input type="checkbox"/> Use oral or written communication techniques</li> <li><input type="checkbox"/> Use secretarial procedures</li> <li><input type="checkbox"/> Work as a team member</li> </ul> |
|---|--|

Please list any additional skills that are not included above:

List transferrable technical skills from previous job(s), if applicable

Describe skills needed for the position that you are targeting (if known):



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## LIVING ENVIRONMENT (Optional)

1. What is your current housing situation? (Check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Owns/Rents              | <input type="checkbox"/> Homeless                  | <input type="checkbox"/> Residing in Shelter          | <input type="checkbox"/> Facing possible eviction      |
| <input type="checkbox"/> Needs Energy Assistance | <input type="checkbox"/> Resides in Public Housing | <input type="checkbox"/> At Risk of becoming Homeless | <input type="checkbox"/> Substandard Living Conditions |

2. Are concerned about being able to pay monthly rent or mortgage for your housing within the next six months? If yes, please explain  YES  NO

3. Do you feel safe, stable, and secure in your home environment? If no, please explain  YES  NO

## PERSONAL/FINANCIAL (Optional)

1. Do you have any Financial issues or concerns? If yes, please describe  YES  NO

2. Have you ever applied for or received public assistance? If yes, please Specify:  YES  NO

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Food Stamps (SNAP)                 | <input type="checkbox"/> Housing     |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI)    | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Medicaid                                       | <input type="checkbox"/> Other _____                        |                                      |

ADDITIONAL: Please expand on or add anything that you feel is important for your career advisor to know about you and your current circumstances: