

SELF-ASSESSMENT QUESTIONNAIRE FOR SONOMAWORKS

**PLEASE COMPLETE AND BRING TO YOUR ASSESSMENT APPOINTMENT
(with a copy of your resume, if you have one)**

SCHEDULED ON: _____ WITH _____
Date/Time Employment & Training Counselor

Contact Information

Name _____ Date _____

SSN# _____ Age _____ Date of birth _____

Home # _____ Cell # _____ Message # _____ Work # _____

What is the best way/time to contact you? _____

Background

Marital Status: Single Married Divorced Separated Widowed Other _____

How many children do you have? _____ What are their ages? _____

Do you have minor children who don't live with you? Yes No With whom do they live? _____

Please check all that apply. Are you:

U.S. Citizen <input type="checkbox"/>	CA Resident <input type="checkbox"/>	Veteran <input type="checkbox"/>
Legal Resident <input type="checkbox"/>	Native American <input type="checkbox"/>	

How long have you lived in Sonoma County? _____

Do you have friends and/or family in the area? Yes No _____

Where else have you lived? _____

What is your primary language? English Spanish Other _____

Are you able to read, write and understand English? Yes No _____

Are you able to speak any other language(s)? Yes No _____

Are you also able to read and write in any other languages? Yes No _____

Transportation

What is your main type of transportation? Car Bus Walk Rides from others Bike

What is your backup transportation? Car Bus Walk Rides from others Bike

Do you own a car? Yes No Year _____ Make _____ Model _____ Mileage _____

Do you have a valid CA Driver's License? Yes No Class: _____ CDL# _____

Is your car insured & registered? Yes No *If no, please explain:* _____

Is your driving record clean? Yes No *If no, please explain:* _____

Housing

Please check the type of housing you have: Apartment House Mobile Home
Homeless Shelter Transitional housing Other: _____
With whom do you live? Spouse Children Family Friends Other: _____
How much is your rent? _____ Do you receive assistance with your rent? Yes No
Section 8? Yes No Subsidized? Yes No Other? Yes No _____
Have you ever been evicted? Yes No

Work History

Please complete this section with as much detail as possible, starting with current or most recent employment.

Employer _____ Job Title _____
City/State _____ Employed From: _____ To: _____
Full-Time Part-Time Seasonal Volunteer Wage: \$ _____ per _____
Job Duties _____
Reason for leaving _____
Did you like the work? Yes No Why or why not? _____

Employer _____ Job Title _____
City/State _____ Employed From: _____ To: _____
Full-Time Part-Time Seasonal Volunteer Wage: \$ _____ per _____
Job Duties _____
Reason for leaving _____
Did you like the work? Yes No Why or why not? _____

Employer _____ Job Title _____
City/State _____ Employed From: _____ To: _____
Full-Time Part-Time Seasonal Volunteer Wage: \$ _____ per _____
Job Duties _____
Reason for leaving _____
Did you like the work? Yes No Why or why not? _____

Employer _____ Job Title _____
City/State _____ Employed From: _____ To: _____
Full-Time Part-Time Seasonal Volunteer Wage: \$ _____ per _____
Job Duties _____
Reason for leaving _____
Did you like the work? Yes No Why or why not? _____

Employment

Please check all occupations in which you have experience, including paid and volunteer work.

Accounting <input type="checkbox"/>	Cook/Chef <input type="checkbox"/>	Office Assistant/Clerk <input type="checkbox"/>
Administrative Assistant <input type="checkbox"/>	Cosmetologist <input type="checkbox"/>	Painter <input type="checkbox"/>
Automotive Mechanic <input type="checkbox"/>	Counselor <input type="checkbox"/>	Production/Assembly <input type="checkbox"/>
Bakery Worker <input type="checkbox"/>	Customer Service <input type="checkbox"/>	Receptionist <input type="checkbox"/>
Bartender <input type="checkbox"/>	Gardening/landscaping <input type="checkbox"/>	Retail/Sales <input type="checkbox"/>
Bookkeeper <input type="checkbox"/>	Hotel work <input type="checkbox"/>	Security Guard <input type="checkbox"/>
Building Trades <input type="checkbox"/>	House cleaner <input type="checkbox"/>	Social Services <input type="checkbox"/>
Carpenter <input type="checkbox"/>	Janitor <input type="checkbox"/>	Telemarketer <input type="checkbox"/>
Cashier <input type="checkbox"/>	LVN/RN <input type="checkbox"/>	Teller <input type="checkbox"/>
CNA/HHA <input type="checkbox"/>	Management <input type="checkbox"/>	Truck Driver <input type="checkbox"/>
Computer Technician <input type="checkbox"/>	Material Handler <input type="checkbox"/>	Waiter/Waitress <input type="checkbox"/>
Construction <input type="checkbox"/>	Medical/Dental Assistant <input type="checkbox"/>	Other: <input type="checkbox"/>

1. Are you currently working? Yes No *If yes, where?* _____
2. Are you ready to go to work? Yes No *If no, why not?* _____
3. Which of the following may be barriers to your getting or keeping a job? *Please check all that apply.*

Need child care <input type="checkbox"/>	Criminal record <input type="checkbox"/>	Domestic abuse <input type="checkbox"/>
No driver's license <input type="checkbox"/>	Health issues <input type="checkbox"/>	Mental health issues <input type="checkbox"/>
Substance abuse <input type="checkbox"/>	No transportation <input type="checkbox"/>	Need education or training <input type="checkbox"/>
Limited English <input type="checkbox"/>	Legal issues <input type="checkbox"/>	Other: <input type="checkbox"/>

4. What are your skills and abilities? _____

5. What type of work are you interested in doing? _____

6. What hobbies do you enjoy? _____

Education & Training

1. Mark the box w/ the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+
2. a) Do you have a High School Diploma? Yes No *If yes, Year:* _____
 b) Did you obtain a GED? Yes No *If yes, Year:* _____
 c) Did you pass the CA Proficiency Exam? Yes No *If yes, Year:* _____
 d) Did you pass the High School Exit Exam? Yes No N/A
3. Please fill out the following: (*starting with High School*)

Names of Schools Attended	Dates Attended	Courses Studied	Diploma, Certificate or Degree Obtained	Year Obtained

Education & Training *(continued)*

4. In school:
- a. What were your strong subjects? _____
 - b. Did you need academic help in any area? Yes No
If yes, please explain: _____
 - c. Were you diagnosed or told you have a learning disability? Yes No
If yes, please explain: _____
 - d. Were you in special education classes? Yes No
If yes, please explain: _____
5. Are you enrolled in an educational or vocational program at this time? Yes No
If yes, please answer a-d: Date enrolled: _____
- a. School: _____ Full-time Part-time
 - b. Course/Certificate Program: _____
 - c. Expected date of completion: _____
 - d. Do you need academic help in any area? Yes No *Explain:* _____
6. Are you interested in an education or training program? Yes No
If yes, please explain: _____

Legal

1. Have you ever been arrested? Yes No
If yes, please explain: _____
2. Have you ever been convicted of a: 1) misdemeanor? Yes No 2) felony? Yes No
If yes, please explain: _____
3. Are you on: 1) probation? Yes No 2) parole? Yes No _____
If yes, please explain: _____
4. Do you have any current or potential legal problems? Yes No _____
5. Do you have any upcoming court dates? Yes No Dates: _____
6. Do you have outstanding tickets or warrants? Yes No
If yes, please explain: _____
7. How would you rate your credit score? Good Not so good Don't know
8. Do you need help with any of the following? *Please check all that apply.*

Child support	<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Immigration	<input type="checkbox"/>
Credit/debt management	<input type="checkbox"/>	Driver's license retrieval	<input type="checkbox"/>	Restraining order	<input type="checkbox"/>
Criminal matters	<input type="checkbox"/>	Expunge criminal record	<input type="checkbox"/>	Traffic court advocacy	<input type="checkbox"/>
Custody	<input type="checkbox"/>	Housing/eviction	<input type="checkbox"/>	Other:	

Health

1. Please explain any health/emotional problems that you or your children or family members have that would interfere with your ability to go to work or school. _____

2. Are you taking any prescribed or over-the-counter medications regularly for an on-going medical condition? Yes No *If yes, please explain:* _____
3. Have you had any serious surgeries, illnesses, injuries or physical limitations that would affect your training or job? Yes No *If yes, please explain:* _____
4. Do you have any of the following? *Please check all that apply.*

Anxiety <input type="checkbox"/>	Fainting spells <input type="checkbox"/>	Migraines <input type="checkbox"/>
Asthma <input type="checkbox"/>	Hearing loss <input type="checkbox"/>	Seizures <input type="checkbox"/>
Back pain <input type="checkbox"/>	Knee problems <input type="checkbox"/>	Severe allergies <input type="checkbox"/>
Carpal Tunnel <input type="checkbox"/>	Mood swings <input type="checkbox"/>	Vision problems <input type="checkbox"/>
Depression <input type="checkbox"/>	Need dental work <input type="checkbox"/>	Other: _____

Have they been diagnosed? Yes No Are you under a Doctor's care? Yes No

5. Are you prohibited from doing any of the following? *Please check if prohibited:*

Bending <input type="checkbox"/>	Sitting <input type="checkbox"/>	Walking <input type="checkbox"/>
Lifting <input type="checkbox"/>	Standing <input type="checkbox"/>	Other: _____

6. Are you now, or have you ever been, a client of the Dept. of Rehabilitation for a disability?
Yes No *If yes, please describe the disability services you received:* _____

7. Has domestic violence ever been an issue in your life? Yes No _____
8. Have you or your children been involved in any kind of counseling? Yes No
If yes, please explain: _____

SonomaWORKS has mental health services available. Would you like to schedule an appointment with one of our mental health counselors? Yes No _____
9. Has anyone important in your life had an issue with alcohol or drug use? Yes No
If yes, please explain: _____
10. Have you ever been involved in treatment or counseling for alcohol or drug use? Yes No
If yes, please explain: _____
11. Has your alcohol or drug use ever caused you problems with the police, CPS or an employer?
Yes No *If yes, please explain:* _____
12. Do you feel that your alcohol or drug use might be a problem? Yes No

SonomaWORKS has substance abuse services available. Would you like to schedule an appointment with one of our alcohol and other drug counselors? Yes No

Other Agency Services

Are there any other agencies that you and your family are working with at this time? Yes No

Please check all that apply.

Dept. of Rehabilitation <input type="checkbox"/>	Project Intercept <input type="checkbox"/>	Job Link <input type="checkbox"/>
CPS/FYC <input type="checkbox"/>	CA Parenting Institute <input type="checkbox"/>	Family Service Agency <input type="checkbox"/>
United Against Sexual Assault <input type="checkbox"/>	Court-Referral Program (Volunteer Center) <input type="checkbox"/>	Community Resources for Independence (CRI) <input type="checkbox"/>
Legal Aid <input type="checkbox"/>	CARE <input type="checkbox"/>	N. Bay Regional Center <input type="checkbox"/>
Veterans <input type="checkbox"/>	TASC/Diversion <input type="checkbox"/>	SAY <input type="checkbox"/>
YWCA Domestic Violence <input type="checkbox"/>	CHDC <input type="checkbox"/>	SCAYD <input type="checkbox"/>
Community Action Program <input type="checkbox"/>	Anger Management <input type="checkbox"/>	Victim Witness <input type="checkbox"/>
COTS <input type="checkbox"/>	EDD <input type="checkbox"/>	Other: <input type="checkbox"/>

Quick Budget *(optional)*

Income

TANF grant _____

Food Stamps _____

Unemployment (UIB) _____

SSI/SSDI _____

Workers Comp. _____

Child Support _____

JOB _____

Other _____

Expenses

Rent _____

Utilities _____

Food _____

School loans _____

Credit cards _____

Child support _____

Fees/Fines _____

Car payment _____

Other _____

Total Income _____

Total Expenses _____