

JOB READINESS ASSESSMENT AND GUIDE FOR JOB SEARCH

Name: _____ Date: _____

Email: _____ Job Developer _____

Career Awareness

1. Do you want to work? Yes No

If yes, why do you want to work?

2. Do you know what job you want to do? Yes No Not Sure

If yes, list 3 possible titles or fields you are interested in:

1. _____ 2. _____ 3. _____

Have you ever worked in any of those jobs in the past 3 years? Yes No

3. List your top 5 strengths/skills

1. _____ 2. _____

3. _____ 4. _____

5. _____

4. What is your ideal job?

5. What are your barriers to employment?

6. Are you actively looking for employment? Yes No
If yes, what have you been doing to find employment?

If no, why not?

7. How motivated are you to find employment? (1-not motivated to 10-want a job today!)
1 2 3 4 5 6 7 8 9 10

Career Preferences (check all that apply)

8. Please list cities or towns that you prefer to work in:

9. Desires to work in hours/week: 5-10 10-20 20-30 30+

10. Shift preference: 1st 2nd 3rd

11. Work environment: Indoors Outdoors Combination of both

12. Work Place: Busy Moderate Slow

13. Work Variety: Repetitious Tasks Varied work tasks

14. Prefers to work: On a team Alone Combination of both

15. Lifting demands in lbs: Less than 10 10-30 30-50 50+

16. Physical stamina for continuous work in hours: Less than 3 3-5 5-7 8+

17. Physical demands: Little physical activity A lot of physical activity

18. Please list any physical, emotional, or cognitive limitations that would be a barrier to stamina, environment, or physical demands: Physical restrictions, allergies, fatigue

Education History

19. Highest level of education

No formal education

Some High School

Vocational Training/Trade School

College Certificate

Bachelor's Degree

Doctorate

Completed Elementary School

Graduated High School/received GED

Some College

Associate's Degree

Master's Degree

List schools attended and skills learned

Work History

20. Please list your employment history with most recent first

Employer: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor _____ Pay _____

Dates of Employment: _____

Reasons for Leaving: _____

Job duties:

Employer: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor _____ Pay _____

Dates of Employment: _____

Reasons for Leaving: _____

Job duties:

Employer: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor _____ Pay _____

Dates of Employment: _____

Reasons for Leaving: _____

Job duties:

21. List other employment, skills, community service, certifications or volunteer experiences

22. Please explain gaps in employment:

23. Have you ever been fired? Yes No
If yes, please explain:

24. Do you need practice with interviewing? Yes No
Would you like to have a mock interview? Yes No

Technology Skills

25. Can you use a computer? Yes No

26. Can you touch type? Yes No
Typing speed: _____ wpm

27. Check all computer programs/software that you are proficient and highly skilled in using:

Apple <input type="checkbox"/>	Windows <input type="checkbox"/>	Microsoft Word <input type="checkbox"/>
Microsoft Excel <input type="checkbox"/>	PowerPoint <input type="checkbox"/>	Publisher <input type="checkbox"/>
Outlook <input type="checkbox"/>	Access <input type="checkbox"/>	QuickBooks <input type="checkbox"/>
Internet Explorer <input type="checkbox"/>	Other Browsers (Please list)	

Facebook <input type="checkbox"/>	LinkedIn <input type="checkbox"/>	Twitter <input type="checkbox"/>
Other Social Media (Please list)		

Other Computer Programs/Software:

28. Do you know how social media can affect your job search? Yes No

Employment-related Profile

29. How will you get to work? _____

30. Are you eligible to work in the U.S.? Yes No

If no, please explain: _____

31. Can you produce documents needed for employment? (ie Birth certificate, passport, state ID, social security card, work permit) Yes No

32. Are you a veteran? Yes No

If yes, what branch? _____ Dates of service: _____ to _____

If yes, are you connected with the local VA? Yes No

If no, would you like to be? Yes No

Special skills learned in military: _____

33. Can you pass a CORI and SORI Yes No

If no, please explain: _____

34. Can you pass a drug test? Yes No

35. Can you fill out a job application both online and on paper? Yes No

Would you like help with applications? Yes No

36. Do you have a resume? Yes No Yes, but it needs to be updated

37. Do you have 4 professional references including phone numbers, addresses, and emails?

Yes No

If yes, do those references know you are looking for work? Yes No

38. Do you know 5 people who can assist you in your job search? Yes No

If yes, who?

1. _____ 2. _____

3. _____ 4. _____

5. _____

39. Do you know how to access job postings? Yes No

40. Do you have an interview outfit? Yes No

41. Are there any other things or concerns that would affect your search? Please explain.

42. Please summarize all aspects of job search that you would like help with:
(Refer to previous questions)

43. Evaluator's comments or impressions:

Asperger Works, Inc.
48 Marshland Street
Haverhill, MA 01830

Visit us on the Web at <https://aspergerworks.org>
Email us at cs@aspergerworks.org

NOTICE OF PRIVACY PRACTICES

This notice describes how health and/or employment information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.
The privacy of your health insurance is important to us.

OUR LEGAL DUTY

We are required by applicable Federal and State law to maintain the privacy of your health information. We are also required to give you the Notice about our privacy practices, our legal duties, and your right concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 1/01/17 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make any significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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Visit us on the Web at <https://aspergerworks.org>
Email us at cs@aspergerworks.org

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

You may refuse to sign this acknowledgement

I, _____, have received a copy of
Asperger Works' Notice of Privacy Practices.

Please print your name

Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but
acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (Please specify):

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Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized Federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution of law enforcement officials having lawful custody of protected health information of inmate or client under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, emails, or letters).

CLIENT RIGHTS

Access: You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information by using the contact information listed at the end of this Notice.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means.

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