

Directions: Complete this assessment for application of enrollment in the FNS Employment and Training Program.

**PERSONAL INFORMATION**

Last Name		First Name		Middle Initial
Permanent Address			Apartment/Unit	
City		State	Zip Code	
Mailing Address (if different)			Apartment/Unit	
City		State	Zip Code	
Telephone:		Email Address		

What has happened to cause you to want to participate in the Employment and Training Program?

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you understand the purpose of the Employment and Training Program and your responsibility to the program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you interested in gainful employment and/or training?  | <input type="checkbox"/> | <input type="checkbox"/> |

**HOUSEHOLD INFORMATION**

List all household members: (Please list yourself first)

Name	Relationship	Date of Birth	Last 4 SSN

What is your source of income?

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Employed      | <input type="checkbox"/> Retired       | <input type="checkbox"/> Workers Comp | <input type="checkbox"/> Disability      |
| <input type="checkbox"/> No Income     | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> TANF          | <input type="checkbox"/> Other        |  |

Please explain:

How has your current situation affected you and your family?

	Yes	No
1. Are you currently paying rent? If so, how much? \$_____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you receive any subsidized rental assistance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any concerns about your housing status?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain:

**BACKGROUND INFORMATION**

	Yes	No
1. Have you ever been convicted of a felony or serious misdemeanor, other than a minor traffic violation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any pending charges?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above, please explain:

1. Do you have a physical, mental, or learning disability that is a barrier to education or employment?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, what is the primary disability?

Cognitive

Environmental

Hearing

Learning

Mobility

Psychological

Sensory

Speech

1. If so, are you currently under doctor's care?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you are under doctor's care, how does this affect your ability to work?

### EDUCATION AND EMPLOYMENT INFORMATION

1. Did you graduate from high school?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. Do you have a college and/or vocational degree?

<input type="checkbox"/>	<input type="checkbox"/>
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If not, what is the highest grade you completed? Degree? Last School Attended?

List any certificates, certifications, or special training you have received. Are they still active/valid?

What are your short-term and long-term goals?

What type of work interests you?

**BARRIERS TO EMPLOYMENT**

- |  |   |
|--|---|
| <input type="checkbox"/> No High School Diploma or Equivalency | <input type="checkbox"/> Criminal History/Background          |
| <input type="checkbox"/> Disability                            | <input type="checkbox"/> Poor Work History/Gaps of Employment |
| <input type="checkbox"/> Childcare                             | <input type="checkbox"/> No Transportation                    |
| <input type="checkbox"/> Illiteracy                            | <input type="checkbox"/> English Proficiency                  |
| <input type="checkbox"/> Higher Education Requirements         | <input type="checkbox"/> Mental Illness                       |

What obstacles/difficulties have you encountered that make finding or maintaining employment difficult?

	Yes	No
1. Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you own or have access to a car?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you need help with transportation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a working laptop or computer at home?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have affordable internet service at home?	<input type="checkbox"/>	<input type="checkbox"/>
6. What is your skill level with computers?		
Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>		

**EMPLOYMENT HISTORY**

List information on your two (2) previous employers.

<b>[1]</b> Name of Employer	Job Title
Start Date	End Date
Starting Salary	Ending Salary
Hours Worked	Reason for Separation
Duties of job, what you enjoyed most:	

<b>[2]</b> Name of Employer	Job Title
Start Date	End Date
Starting Salary	Ending Salary
Hours Worked	Reason for Separation
Duties of job, what you enjoyed most:	

What other types of work have you performed?

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Yes
No

1. Do you have a current job offer?

If yes, when is the start date and type of job?

Start Date	Type of Job
Employer Name	Part time or Full time
Hourly Pay	

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Signatures indicate that we have jointly completed an FNS Employment and Training Assessment.

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Participant's Signature

Date

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Worker's Signature

Date

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