



NORTH CAROLINA
Senior Community Service Employment Program

PARTICIPANT NEEDS ASSESSMENT

Applicant/Participant's Name: _____ Date: _____

Interviewer Name: _____ Date: _____

Background & Work History

List the types of jobs or other experience that the applicant/participant had in the past:

List the skills that have been acquired from these jobs and/or experience:

List any other relevant hidden or transferable skills or abilities of the applicant/participant:

Jobs Goals & Qualifications

First job in which applicant/participant is interested: _____

List the qualifications for this job:

Does applicant/participant meet these qualifications? Yes No
If not, list what can be done to help the applicant/participant meet the qualifications:

Second job in which applicant/participant is interested: _____
List the qualifications for this job:

Does applicant/participant meet these qualifications? Yes No
If not, list what can be done to help the applicant/participant meet the qualifications:

Third job in which applicant/participant is interested: _____
List the qualifications for this job:

Does applicant/participant meet these qualifications? Yes No
If not, list what can be done to help the applicant/participant meet the qualifications:

Barriers to Employment

Attachments

List any notes, applications, resume, documentation of education/work history, test results, etc.

The above information represents my best assessment of this applicant/participant at this time.

Signature of SCSEP Staff: _____

Date: _____