LDSS-4980 (Rev. 1/11)

New York State Employment Assessment

Client Name:_____ **Date:** _____

➡ Arrows: These questions may require attention and/or follow up.
◆ Diamonds: Questions that are denoted with a diamond indicate potential strengths, resources, abilities or experience that should be considered when developing the employability plan and self sufficiency goals.

Introduction: This is your Employment Assessment. We are asking these questions so that we can work together with you to find out what services, programs and activities are most able to help you to obtain and maintain employment. You are required to answer most of the questions you will be asked; however, some questions are voluntary. We will tell you when you do not have to answer a question and why. If you do not answer the questions you are required to answer, or otherwise cooperate with this Assessment, your Temporary Assistance benefits may be reduced or terminated. If you have any questions now or as we are going through this assessment, please ask. We will ask you questions about your health, but if you need any reasonable accommodations to complete this interview, please let me know at this time. Do you have any questions before we begin?

Section I: Abilities, Experience and Training

English/Language Proficiency

1. **What is your primary language?** _____

◆ 2. **Identify fluency in any other languages**. _____

3. **Have you taken English for Speakers of Other Languages (ESOL) classes in the past?**

☐ Completed: *(describe where and when)* _____ Program Name: _____

☐ Attended but did not complete: *(describe where and when)* Dates attended: _____ to _____

_____ Completed: ☐ Yes ☐ No

☐ I need to learn English but have never enrolled in ESOL class Program Name: _____

☐ N/A not applicable Dates attended: _____ to _____

☐ other Completed: ☐ Yes ☐ No

4. **Describe your comfort level with your ability to do the following in English**:

Read	☐ very comfortable	☐ somewhat comfortable	☐ not at all comfortable
Write	☐ very comfortable	☐ somewhat comfortable	☐ not at all comfortable
Speak	☐ very comfortable	☐ somewhat comfortable	☐ not at all comfortable
Understand	☐ very comfortable	☐ somewhat comfortable	☐ not at all comfortable

➡ 5. **Do you need language interpretation services to complete this Employment assessment interview?** ☐ Yes ☐ No

Client Name:_____ **Date:** _____

Education and Training

6. **What is the highest level of education you completed?** _____

7. **What is the last school you attended/years of attendance?** _____

◆ 8. **Are you a High School graduate?** ☐ **Yes** ☐ **No**

If No, Do you have a General Equivalency Diploma (GED)? ☐ **Yes** ☐ **No**

Do you have an Individual Education Plan (IEP) diploma? ☐ **Yes** ☐ **No**

9. **If you do not have a High School diploma/do not have a GED, are you:**

☐ currently attending secondary school
☐ currently attending GED or Adult Basic Education (ABE) program
☐ interested in enrolling in secondary school (if applicable)
☐ interested in enrolling in a GED or ABE program
☐ not interested in participating in education
☐ other

10. **Are you currently attending an education or training activity? If yes, describe where attending, when program completion is expected, course of study, and funding source (including grants or loans) if applicable:**

☐Apprenticeship program
☐College
☐GED/ABE Program
☐High School
☐Training
☐Other
☐None

Provider Name, address and phone: _____ Enrollment date: _____
_____ Expected completion date: _____
Course of Study: _____
Funding Source: _____

Provider Name, address and phone: _____ Enrollment date: _____
_____ Expected completion date: _____
Course of Study: _____
Funding Source: _____

◆ 11. **Have you received any of the following? If yes, describe:**

☐Apprenticeship training
☐College degree
☐Military training
☐Professional license or certification
☐Vocational certificate or diploma
☐Vocational training
☐Other
☐ None

Date received: _____
Status: _____
Describe if applicable: _____

Date received: _____
Status: _____
Describe if applicable: _____

Client Name:_____ **Date:** _____

12. Basic Literacy and Math Proficiency Levels if applicable: ☐**N/A-** Individual has not had or does not need testing

Test Name	Subject Area	Score	Test Date	Grade Level/Test Results
☐TABE				
☐TABE language				
☐TABE language mechanics				
☐ TABE reading				
☐ TABE applied mathematics				
☐TABE math computation				
☐TABE spelling				
☐TABE vocabulary				
☐ BEST Plus				
☐ BEST Literacy				
☐ WRAT				
☐Other				

Current Employment/Volunteer Status

◆ 13. **Are you currently working?** ☐ **Full time** ☐ **Part time** ☐ **unemployed** ☐ **no recent attachment to labor force**

If you are currently working, what kind of work do you do? _____

◆ 14. **Do you currently spend time helping out in the community (child's school, hospital, church, community agency, food pantry, library etc)?**
☐ **Full time** ☐ **Part time** ☐ **not currently volunteering**

15. If you are not currently working or volunteering, what do you believe is preventing you from doing so?
☐ **n/a currently working or volunteering**

☐**Criminal record**	☐**Needs more education**	☐**Religious restrictions**
☐**Family member objections**	☐**No adequate jobs available**	☐**Scheduling conflicts**
☐**Health problems - family**	☐**No child care**	☐**Wants to stay home with children**
☐**Health problems-individual**	☐**No jobs available**	☐**Other**
☐**Lack of transportation**	☐**No references**	☐**No reason given**
☐**Lack of work experience**	☐**Past work history**	

16. Are you a union member? ☐ **Yes** ☐ **No**
If yes, are you subject to recall rights? ☐ **Yes** ☐ **No** **Union name if applicable:** _____

Client Name:_______________________________ **Date:** ____________________

17. Are you currently receiving unemployment insurance benefits (UIB)?

☐ **Yes** ☐ **No** **Describe start date if applicable, including when they are expected to end:** ______________________

18. Have you completed UIB job seeker registration, if applicable? ☐ **Yes** ☐ **No**

Employment/Volunteer Experience (Includes Military experience if applicable)

19. Have you ever been employed, served in the military, or volunteered in your community? ☐ **Yes** ☐ **No**

Employer/Site Name and address	Dates of Participation	Type of work	Hours/week And Hourly rate	Benefits	Reason for Leaving (if applicable)	Type of Experience
	__/____ to __/____			☐Health insurance ☐Paid sick/vacation ☐Retirement ☐Other		☐Employment ☐Volunteer ☐Military
	__/____ to __/____			☐Health insurance ☐Paid sick/vacation ☐Retirement ☐Other		☐Employment ☐Volunteer ☐Military
	__/____ to __/____			☐Health insurance ☐Paid sick/vacation ☐Retirement ☐Other		☐Employment ☐Volunteer ☐Military
	__/____ to __/____			☐Health insurance ☐Paid sick/vacation ☐Retirement ☐Other		☐Employment ☐Volunteer ☐Military

◆ 20. **Describe the best job you ever had and what you liked about it.** ______________________________

____

21. Describe the worst job you ever had and what you did not like about it. ______________________________

____

Client Name:_____ **Date:** _____

Job Skills

◆ 22. **What job skills have you gained through training, education, employment, volunteer or life experience? Check all that apply:**

☐Accounting	☐Assembly	☐Bartending	☐Bookkeeping	☐Building Maintenance
☐Carpentry	☐Cashier	☐Certified Nurse's Aide	☐Child Care	☐Cleaning
☐Computer Programming	☐Computer Repair	☐Construction	☐Cooking/Baking	☐Customer Service
☐Data Entry	☐Delivering Goods	☐Dietary Aide	☐Dishwashing	☐Drafting/Drawing
☐Driving	☐Electrical Repair	☐Equipment Operator	☐Farming	☐Food Service
☐Foreign Language Translation	☐Fork Truck Operator	☐Fundraising	☐HVAC	☐Health Care
☐Heavy Equipment Operator Landscaping	☐Housekeeper	☐Janitorial	☐Lab Technician	☐Lawn Care/
☐Loading Unloading	☐Machine Operator-CNC	☐Machine Operator-non CNC	☐Machine Repair	☐Management
☐Mechanic/Car Repairs	☐Painting	☐Paralegal	☐Photography	☐Plumbing
☐Record Keeping	☐Retail Sales	☐Roofer	☐Sales	☐Secretarial/Paraprofessional
☐Security	☐Sewing	☐Taking Inventory	☐Teacher	☐Telephone Operator
☐Telephone Sales	☐Telephone Work	☐Training Others	☐Typing	☐Waiter/Waitress
☐Warehouse Worker	☐Welding	☐**None**	☐**Other** – Describe: _____	

◆ **23. Describe personal strengths you have that would be valuable to an employer.**

☐Dependable	☐Get along well with others	☐Good attendance	☐Hard working	☐On time, punctual
☐Pay attention to details	☐Polite, work well with public	☐Responsible	☐Well organized	☐Other, Describe - _____
				_____

Employment Preferences and Goals

◆ **24. Based on your interests (including hobbies), abilities, experience and skills, what kinds of jobs interest you and what are your employment goals?**

_____

Job Readiness

25. Are you authorized to work in the United States? ☐ **Yes** ☐ **No, Describe** _____

◆ **26. Will any previous employers/supervisors provide a good reference for you?** ☐ **Yes** ☐ **No, If No, why?** _____

◆ **27. Do you have a current resume?** ☐ **Yes** ☐ **No**

◆ **28. Will you be able to get positive personal references from a good source?** ☐ **Yes** ☐ **No**

29. Do you have a phone or contact number to arrange job interviews and work? ☐ **Yes** ☐ **No**

Client Name:_____ **Date:** _____

30. **Do you have an email address and access to the Internet?** ☐ **Yes** ☐ **No** **Describe if applicable:** _____

◆ 31. **Does your preferred employment field (e.g. cosmetology, carpentry) require that you provide your own tools?** ☐ **Yes** ☐ **No**
If yes, do you own or have access to the necessary tools? ☐ **Yes** ☐ **No**
(Note: If tools are required, see Section II, Other Support Services)

Occupational Skills Testing Results

32.

Subject/Test Name	Test Date	Test Results	Grade/Level

Worker Notes:

Client Name:______________________________ **Date:** ____________________

Section II: Supportive Services and Resources

Note: This section includes questions asking if you need help with things such as child care or transportation in order to participate in work activities, including employment. Supportive services are provided consistent with the applicable requirements and district policies. Not all of the specific services and programs listed below may be available in your district. If you indicate that you need help with any work activity related expenses, your worker will explain what services are available to you.

Child Care

1. Please list all your children, their ages, if they have any special needs (including problems in school or day care or frequently missing school or day care), and their child care arrangements: ☐ no children

Child's Name	Age	Special Need(s) Describe	Child care arrangements	Child care provider information
		☐ Yes ☐ No	☐ Needed ☐ Made ☐ n/a	Name: ____________ Address: ____________ Phone: ____________ Type: ____________ Start date: ____________
		☐ Yes ☐ No	☐ Needed ☐ Made ☐ n/a	Name: ____________ Address: ____________ Phone: ____________ Type: ____________ Start date: ____________
		☐ Yes ☐ No	☐ Needed ☐ Made ☐ n/a	Name: ____________ Address: ____________ Phone: ____________ Type: ____________ Start date: ____________
		☐ Yes ☐ No	☐ Needed ☐ Made ☐ n/a	Name: ____________ Address: ____________ Phone: ____________ Type: ____________ Start date: ____________

Client Name:_____ **Date:** _____

2. Are there any problems with current child care arrangements? ☐**Yes** ☐**No** **If yes, describe problems with child care:** _____

3. What are the child care arrangements if your children are sick or school is closed? _____

Transportation

4. **Do you have reliable transportation to attend work activities and/or employment?** ☐**Yes** ☐**No** ☐**n/a**

If yes, describe mode of transportation:

☐bicycle ☐drive own vehicle ☐get rides from other people ☐public transportation ☐taxi ☐walk ☐other

5. Are you legally able to operate a motor vehicle? ☐**Yes** ☐**No** Describe why not if applicable:

License Type: ☐Permit ☐License License Status: ☐Active ☐Suspended ☐Revoked ☐Other

Issuing State: _____ License Class: _____

Restrictions/Endorsements: _____ Expiration Date: _____

6. Do you have access to public transportation? ☐**Yes** ☐**No** ☐**n/a**

Nearest bus/public transit stop? _____

7. Describe any transportation related supportive services that you need in order to work:

☐carpool or vanpool program ☐driver education program ☐public transportation allowance (e.g. bus pass, taxi fare, subway card)

☐vehicle insurance ☐vehicle inspection ☐vehicle fuel allowance (e.g. gas card or voucher, mileage reimbursement)

☐vehicle registration ☐vehicle repairs ☐other (Describe) _____

☐none

Other Supportive Services

8. Describe anything you need besides child care and transportation assistance to enable you to work.

☐Clothing ☐License renewal ☐Tools

☐Uniform ☐None ☐Other/describe

Client Name:_____ **Date:** _____

Family/Community Resources

- **9. Do you have reliable friends or family in the area on whom you can depend to help with emergencies (e.g. back up child care if child or provider is sick, back up transportation, help when food/money runs short)?** ☐**Yes** ☐**No** **Describe if applicable** _____
- **10. Do your family and friends support your efforts to get a job/go to school?** ☐**Yes** ☐**No**
- **11. Are you working with other programs or agencies now?** ☐**Yes** ☐**No** **If yes, Describe** _____

12. Have you received help from community agencies in the past? ☐**Yes** ☐**No**
Describe, including the type of assistance received and what made it helpful: _____

Worker Notes:

Client Name:_____ **Date:** _____

Section III: Health Review

Note: You are not required to answer the questions in this section if you do not want to tell us about your disability and you can participate in work activities without accommodations. If you need accommodations, or you want us to know how your disability affects your ability to participate in work activities, you must answer these questions. If you choose not to disclose a disability and answer these questions, you will be assigned to work activities without accommodations for any undisclosed disabilities (disabilities that you have not told us about).

☐ **worker discussed note above with individual and individual has chosen not to complete this section and/or disclose a disability. The individual also understands that he/she will be required to participate in work activities without accommodations for any undisclosed disabilities (if applicable).**

Medical Conditions

1. Do you have a physical or mental condition that greatly limits what you are able to do or that requires treatment? ☐**Yes** ☐**No**
Describe if applicable.

- ☐ Arthritis/Rheumatism
- ☐ Asthma
- ☐ Back/Arm/Leg
- ☐ Blood Pressure
- ☐ Brain/Head Injury
- ☐ Cancer
- ☐ Circulatory/Blood Disease
- ☐ Cerebral Palsy
- ☐ Diabetes
- ☐ Digestive
- ☐ Epilepsy
- ☐ Gynecological Disorder
- ☐ Hearing
- ☐ Hepatitis
- ☐ Mental/Emotional/Nerves
- ☐ Respiratory
- ☐ Stroke/Heart
- ☐ Substance Use Disorder
- ☐ Vision
- ☐ Other

Medical Limitations

2. How does your health affect your ability to work and how long is the limitation expected to last (if applicable)? Describe:

_____

3 Do you need accommodations to enable you to work (e.g. shortened work hours, refrigeration and/or time for taking medications, regularly scheduled breaks, assistive technology)? ☐**Yes** ☐**No** **If yes, describe:** _____

Current Medical Care/Treatment/Rehabilitation

4. Are you currently being treated for or are you taking medication for any health related issues or problems (including pregnancy)? ☐**Yes** ☐**No**

If yes, describe. _____

If pregnant include due date: _____

Client Name:_____ **Date:** _____

5. **How often do you see doctor(s)/attend treatment? Describe medical care/treatment, frequency and anticipated end date (including date last seen):**

   Provider name: _____
   Treatment: _____
   Frequency: _____
   Date last seen: _____
   Anticipated end date: _____

   Provider name: _____
   Treatment: _____
   Frequency: _____
   Date last seen: _____
   Anticipated end date: _____

6. **Do you have health insurance?** ☐**Yes** ☐**No** **If yes, describe:** _____

Treatment History

7. **Have you ever received treatment for health related problems, including have you ever been hospitalized? Describe if applicable.**
   - ☐ received treatment/hospitalized for physical health problem
   - ☐ received treatment/hospitalized for mental health problem
   - ☐ no history of treatment for health problems
   - ☐ other

8. **Have you ever received alcohol or substance use treatment?** ☐**Yes** ☐**No** **If yes, describe:** _____

Learning Disabilities

9. **Do you have a learning disability?** ☐**Yes** ☐**No** ☐**Unknown** **If yes, describe:** _____

10. **If you have a learning disability, does it affect your ability to work?** ☐**Yes** ☐**No** ☐**n/a** **If yes, describe:** _____

Caretaker Status

11. **Are you caring for an ill household member or a household member with special needs?** ☐**Yes** ☐**No** **If yes, describe:** _____

12. **Does the household member who requires your assistance attend school, day program, rehabilitation or other program during the day?** ☐**Yes** ☐**No** **Describe if applicable:** _____

13. **If answered yes to #11, how does caretaker status affect ability to work?** _____

Client Name:_____ **Date:** _____

Disability Benefits/Rehabilitation Services

14 Have you ever applied for any of the following:

Benefit	Application date	Outcome
☐ SSI/SSD	_____	_____
☐ VA disability benefits	_____	_____
☐ NYS disability benefits	_____	_____
☐ worker's compensation benefits	_____	_____
☐ rehabilitation services (e.g. VESID services)	_____	_____
☐ other	_____	_____
☐ none	_____	_____

Worker Notes:

_____

_____

Section IV: Housing

1. What is your current living arrangement? (check all that apply)

☐Drug/alcohol facility ☐Homeless ☐Hotel/motel ☐Live with family/not tenant of record ☐Live with others (not related)/ not tenant of record
☐Medical facility ☐Own home ☐Rent-private ☐Rent-public
☐Roomer/boarder ☐Section 8 ☐Shelter ☐Other/describe

2. If you live in public housing, are you required to participate in community service activities? ☐Yes ☐No ☐n/a
Describe if applicable: _____

3. In the past 12 months, describe how many places you have lived? _____

4. How long have you lived at your current address? _____

5. Are you behind in rent/mortgage or are you facing the loss of your current housing? ☐Yes ☐No If yes, describe: _____

6. Is your current housing unsuitable, unstable or in an unsafe environment? ☐Yes ☐No Describe: _____

7. If yes to #6, have you thought about what you can do to change your housing situation? Yes ☐ No ☐ Describe

Worker Notes: _____

_____

Client Name:_____ **Date:** _____

Section V: Financial Management

1. **Do you have any bank accounts or credit cards?**

☐Certificate of Deposit (CD) ☐Checking account ☐Credit cards ☐IRA ☐Money market account
☐Savings account ☐none ☐Other/describe _____

2. **Are you responsible for paying child support?** ☐Yes, court ordered ☐Yes, I pay informally ☐No ☐N/A ☐Other

3. **If yes, are you:** ☐**up to date** ☐**in arrears** ☐**other**

Worker Notes:

_____

_____

Section VI: Legal Barriers

1. **Will any of the following affect your ability to work? Describe if applicable**.

☐felony conviction ☐misdemeanor conviction ☐violation ☐sex offender registry ☐none ☐Other/describe

2. **Please describe your involvement with any of the following if applicable:** ☐**none**

Requirement	Contact name, phone #, address	Frequency of required contact	Describe (including end date) requirement(s)/restrictions(s)
☐Adult protective services	_____	_____	_____
☐Child protective services	_____	_____	_____
☐Community service	_____	_____	_____
☐Court ordered treatment	_____	_____	_____
☐Foster care	_____	_____	_____
☐Parole	_____	_____	_____
☐Probation	_____	_____	_____
☐Work release	_____	_____	_____
☐Other	_____	_____	_____

Worker Notes:

Client Name:_____ **Date:** _____

Section VII: Military Service

1. Are you a veteran? ☐**Yes** ☐**No** **If yes, describe below.**

Branch of service _____
Combat zone? _____
Service dates _____
Type of discharge _____
Military title _____
Selective service registration number _____
Registered with Veteran's Placement? _____

2. Are you receiving or eligible for any of the following veteran's benefits?

☐disability benefits ☐disability services ☐employment services ☐none ☐don't know ☐other

Worker Notes: