

BARRIERS TO EMPLOYMENT ASSESSMENT

Name: _____ BUID # _____

Date: _____

BARRIERS

Please circle one

Personal & Financial

- I have reliable transportation to/from work or job search. YES NO
- I have a current driver’s license. YES NO
- I have current insurance for my vehicle. YES NO
- I have reliable transportation in order to participate in a job search program. YES NO
- I have childcare for employment and/or job search. YES NO
- If not: I can obtain childcare YES NO
- I have enough income to live on & pay rent/utilities, etc. YES NO
- My current living situation is secure. YES NO
- If not: I have an eviction/foreclosure DATE: _____
- I am in a shelter or a doubled up situation YES NO I
- have access to healthcare coverage for myself and/or my family. YES NO
- My credit history is good YES NO
- I have been on public assistance for a long time YES NO

Legal

- I am an ex-offender with one or more felony convictions YES NO
- I have one or more misdemeanor convictions YES NO
- I am currently on parole or probation. YES NO
- I am currently involved with bankruptcy court or have been in the past. YES NO
- I have an honorable or general discharge from the military. YES NO
- I have a child support order. YES NO
- If there is an order, I am having a difficult time making the payments: YES NO
- I am concerned about employment discrimination based on gender, race, religion, age, sexual orientation, national origin, etc. YES NO
- I am a US citizen. YES NO
- If **not** a citizen: I am a legal permanent resident. YES NO
- My immigration status and/or work authorization is a concern to me. YES NO

Emotional & Physical

- I have physical health issues that may limit or prevent employment YES NO
- I am concerned about my physical fitness, weight and/or my appearance YES NO
- I have mental health issues that may limit or prevent employment YES NO
- I have immediate family members who have serious health issues. YES NO
- I have depression, low self-esteem, lack of energy or motivation YES NO
- I have a history of drug and/or alcohol abuse YES NO
- Domestic violence is present in my household YES NO

I have learning challenges. Please circle: ADD, ADHD, Dyslexia, Aspergers, other. YES NO
 I have applied for Social Security benefits YES NO

Training & Work Experience

I have a high school diploma or a GED. YES NO
 I have a college degree or other advanced education. YES NO
 I have a certification and/or I am licensed. YES NO
 I have basic reading and/or math skills. YES NO
 I have some beneficial work experience. YES NO
 I feel I have marketable job skills. YES NO
 I am proficient in the English language. YES NO
 If not, I have trouble with: Reading Writing Speaking
 English is commonly spoken in my household. YES NO
 If fluent in a language other than English, please name the language _____
 I have been fired from a job YES NO
 I have been laid off from my job in the last 12 months. YES NO
 I have applied for unemployment compensation. YES NO
 I am eligible for unemployment compensation benefits. YES NO

Job Seeking Knowledge & Preparedness

I have knowledge about careers that are available & currently in demand. YES NO
 I have completed a career assessment within the last 12 months. YES NO
 I need help listing my personal strengths & weaknesses and discussing my career goals. YES NO
 I have completed aptitude & abilities assessments within the last 12 months. YES NO
 I do know how to find and apply for a decent job. YES NO
 I have a current resume that I can use to get a job. YES NO
 I have the necessary computer skills to find and apply for jobs on the internet. YES NO
 I am comfortable completing job applications on line *with* attachments. YES NO
 I could use some help with my interviewing skills YES NO
 I have good personal and/or professional references to include on an application. . . YES NO

Comments

Please use this space to include any additional comments you feel may be helpful. Please indicate any other barriers that were not mentioned in this assessment. Thank you for your input.
