

Client Name: _____

Date: _____

SNAP E&T Assessment

Education:

High School Attended:		Year of HS Graduation:	
Highest Level of Education Obtained:			

Additional Education:

Education	School	Field of Study	Degree Obtained	Year Obtained
Certification				
Associates				
Bachelors				
Masters				

Certifications:

License/Certifications	Type	Year Obtained
Career Readiness Certification		
CDL		
CNA		
Federal License		
Professional Certification		
State License		
Technical Certification		

Do you have a valid driver's license? Yes No

Does you have any skills or strengths to report? Yes No

If yes, check all your skills:

Skill	Check	Skill	Check	Skill	Check
Bilingual		Food Service		Marketing	
Carpentry		Handling Money		Nursing	
Child Care		Heavy Laborer		Repair and Installation	
Clerical		Hotel/Motel		Sales	
Computer		Housekeeping		Sewing	
Construction		Maintenance		Transportation	
Farming		Manufacturing		Typing	

If yes, check all your strengths:

Strength	Check	Strength	Check	Strength	Check
Accurate		Good Hygiene		Public Speaking	
Analytical		Good Interpersonal Skills		Responsible	
Attention to Detail		Has an operating vehicle		Responsive	

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Compassionate		Logical		Solution Oriented	
Confident		Motivated		Timely	
Creative		Multi-Tasker		Volunteer	
Diplomatic		Open Minded		Well Spoken	
Efficient		Organized		Works Well with Others	
Focused		Persuasive			

	Yes	No
Are there any <i>family</i> barriers that make it difficult for you to get or keep a job?		
Are there any <i>personal</i> barriers that make it difficult for you to get or keep a job?		
Are there any <i>transportation</i> barriers that make it difficult for you to get or keep a job?		

If yes, please check all your family barriers:

Barrier	Check	Barrier	Check
Child with Special Needs		Lack of reliable childcare	
Domestic Violence/Abuse		Legal issues	
Family member with substance abuse/alcohol dependence		Money management	
Family member with mental issue		Non-English speaking household	
Homeless/Living in a shelter		Substandard housing/lack of affordable housing	

If yes, please check your all personal barriers:

Barrier	Check	Barrier	Check	Barrier	Check
Appearance, body language		Attitude, Unwillingness to learn		Learning Disability	
Appearance, disfigurement		Communication, language barrier		Less than a HS education or GED	
Appearance, hygiene		Communication, vocabulary		Little or no employment skills	
Appearance, presentation		Communication, speech impairment		Little or no prior work experience	
Appearance, tattoos		Communication, uses slang or poor grammar		Pregnancy	
Appearance, wardrobe		Depression or other mental health issue		Self-esteem, Domestic Violence	
Attitude, Anger		Drug or Alcohol Dependence		Self-esteem, Lacks confidence	
Attitude, Dishonesty		Felony Conviction		Self-esteem, Non-supportive environment	
Attitude, Lacks Initiative		Former or Active Gang Member		Underemployed	

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Attitude, Negativity		Illiterate		Wardrobe, lacks appropriate	
Attitude, Rudeness		Immigrant, Illegal			
Attitude, Unprofessional		Immigrant, Legal			

If yes, please list all your transportation barriers:

Barrier	Check	Barrier	Check
Driver's license, expired		Has a vehicle that needs repair	
Driver's license, revoked		Lack of reliable transportation	
Driver's license, suspended		No access to transportation	
Expired tags		No vehicle	

Is the client registered with the Employment Security Department?

____ Yes ____ No

Is the client registered with any other public or private employment or training agency?

____ Yes ____ No

Does the client have prior job experience?

____ Yes ____ No

Enter Prior Work Experience Beginning With the Most Recent:

Employer	Position	Employer's Contact	Hourly Salary	Start Date	End Date	Reason for Leaving