

Job Seeker \_\_\_\_\_ Date: \_\_\_\_\_ Veteran  YES  NO

**WORK READINESS CHECKLIST AND REFERRAL FORM**

**NCWORKS ONLINE PROFILE (How should the non-NC Works staffer complete this section? Will they have access to NC Works Online?)**

<b>Job Seeker Address:</b> _____ <b>Email Address:</b> _____ <b>Telephone No.:</b> _____	Completed a resume in NCWorks? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume in paper and digital format? <input type="checkbox"/> Yes <input type="checkbox"/> No Approved by Career Specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Referring Staff Name:</b> _____ <b>Agency/Prog.:</b> _____ <b>Email:</b> _____
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<input type="checkbox"/> Employed <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed <input type="checkbox"/> Terminated <input type="checkbox"/> Laid off <input type="checkbox"/> RESEA <input type="checkbox"/> EAI <b>Last/current occupation:</b> _____	<b>ASSISTANCE REQUESTED</b> <input type="checkbox"/> Resume/cover letter <input type="checkbox"/> Complete job applications <input type="checkbox"/> Set employment goal <input type="checkbox"/> Identify my interest/job skills <input type="checkbox"/> Paid Training assistance <input type="checkbox"/> Job referral <input type="checkbox"/> Interviewing Skills <input type="checkbox"/> HRD Computer Assistance <input type="checkbox"/> Other(specify) _____
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**EMPLOYMENT/EDUCATION HISTORY**

<b>How long have you been unemployed?</b> <input type="checkbox"/> 1-6 days <input type="checkbox"/> 1-3 weeks <input type="checkbox"/> 1-5 months <input type="checkbox"/> 6+ months <input type="checkbox"/> 1 year <input type="checkbox"/> Other	<b>Target Industry:</b> <input type="checkbox"/> Information Technology <input type="checkbox"/> Healthcare <input type="checkbox"/> Professional, Scientific, & Technical <input type="checkbox"/> Advanced Manufacturing <input type="checkbox"/> Hospitality <input type="checkbox"/> Construction Skills <input type="checkbox"/> Skills Trade <input type="checkbox"/> Aviation <input type="checkbox"/> Other (specify) <b>Desired Salary:</b> \$ _____	<b>Education:</b> <input type="checkbox"/> High School/GED <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Some College <input type="checkbox"/> Other
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<b>How are you currently job searching?</b> <input type="checkbox"/> Career Builder <input type="checkbox"/> NCWorks Online <input type="checkbox"/> Employer Websites <input type="checkbox"/> Other (specify) _____	<b>Are you getting interviews?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**BARRIERS TO EMPLOYMENT**

Transportation       Child Care       Criminal Justice Involvement / Outstanding legal issues     Housing       Clothing  
 Lack of work experience     Substance Use     Long-term unemployment     Access to internet     Disability / Health Issues     Other (specify) \_\_\_\_\_

**WORK READINESS**

Check appropriate box	Completed	Comment
Established Goals & Objectives	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree/ certificate related to targeted industry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior work experience in desired or targeted industry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basic computer skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Available to work shifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Available to work Monday-Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Willing to commute If yes, how far? _____ mi.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Able to pass drug/alcohol test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Appropriate work clothing and/or tools	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Motivated/will accept employment now	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROGRAM REFERRALS**

**Are you currently receiving or have received employment and/or training services from any of the following? (select all that apply)**  
 Work First     FNS E&T     VR     WIOA     NC Works    Date of last service: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Staff Name: \_\_\_\_\_  
 Email: No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Referral to (Agency/Prog.)** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_ **Date** \_ / \_ / \_