

Supplemental Questionnaire

Name: _____ Date: _____

Phone: _____ e-mail: _____

Last position: _____ Company: _____

Dates of employment – start: _____ end: _____ Salary/wage: _____

Are you eligible for unemployment? yes no

If No, explain: _____

What type of work are you looking for now, employment goal: _____

What wage are you looking to get now? \$ _____

Annual/yearly income \$ _____ (household now, do not include unemployment)

Do you have a disability? yes no Is it a barrier to employment? yes no

Do you have any physical or mental condition that limits the kind of work you can do? yes no

Please explain: _____

Are you actively seeking work right now? yes no

Are you looking for full-time or part-time work? full-time part-time

Number of hours per week desired: _____

Last day you physically worked for your last company was: _____

What is your education level right now? _____

Are you looking for training? yes no

If yes, what type of training are you looking for? _____

Have you started this training already? yes no If yes, when? _____

If yes, where are you taking this training from? _____

Family Status:

Single – living on your own

Living with your family (living with spouse – no children under 18 living at home)

Parent in a one-parent family (sole custody of one or more children at home under age 18)

Parent in 2 parent family (share custodial support for one or more dependent children)

Number of dependents under 18 years of age: _____

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Do you have any special concerns with regard to your job search? Check all that apply

- Education/Training
- Health
- Housing
- Transportation
- Wage Replacement
- Other: _____
- Financial/Credit
- Family Care

Are you currently receiving other assistance? yes no

If yes, check all that apply:

- DWP - Diversionary Work Program
- SSI - Social Security Income
- MFIP - Minnesota Family Investment Program
- SSDI - Social Security Disability Income
- GA - General Assistance
- TTW Ticket To Work
- SNAP / Food Assistance
- Medical Assistance / MN Care

Do you have any other barriers? Please check any and all that apply to you:

- Prior criminal record
- Homeless
- Chemical Dependency
- Unskilled
- Lack of GED or High School Diploma
- Not proficient in the English language
- Need skill updating and review in: Reading Writing Math
- Work History:
 - no work history
 - three or more jobs in past five years
 - reasons for leaving past job(s)
 - gaps in employment

Long term unemployed: # of months _____

Other – please describe: _____

