



**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)
INITIAL ASSESSMENT**

EFFECTIVE
JULY 1, 2015

SECTION 1: GENERAL INFORMATION

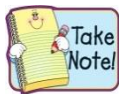
Participant Name: _____ **Date of Initial Assessment:** _____

Phone #: _____ **Email Address:** _____

How did you hear about the SCSEP Program? _____

1. What are you hoping for this program to provide for you?
 Some Financial Stability Socialization Training in new area Improve Computer Skills Other

2. Are you a veteran? YES NO If Yes, are you a post 9-11 era veteran? YES NO



The Senior Community Service Employment Program (SCSEP) is a program administered by the Department of Labor that serves unemployed low-income persons who are 55 years of age and older and who have poor employment prospects by training them in part-time community service assignments and by assisting them in developing skills and experience to facilitate their transition to unsubsidized employment. **Participant Initial here** _____

SECTION 2: WORK HISTORY

MOST RECENT EMPLOYER		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Homemaker	Start Date	
JOB TITLE			End Date	
DUTIES/SKILLS			Reason for Leaving:	
			Rate of Pay/Wages:	
			Hours per week:	
EMPLOYER		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Homemaker	Start Date	
JOB TITLE			End Date	
DUTIES/SKILLS			Reason for Leaving:	
			Rate of Pay/Wages:	
			Hours per week:	
EMPLOYER		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Homemaker	Start Date	
JOB TITLE			End Date	
DUTIES/SKILLS			Reason for Leaving:	
			Rate of Pay/Wages:	
			Hours per week:	

Attach a copy of your resume or refer to the Minnesota Workforce Center for assistance in developing one.



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1. Which of your previous jobs did you enjoy most? _____ Why? _____
2. Would you consider doing the same type of work again? YES NO
Why or Why not? _____
3. How many minutes or miles are you willing to travel to a job? _____
4. What have you been doing to find a job in the past year? _____
5. What type of job have you been looking for in the past year? _____
6. How long have you been out of work? _____
7. How long have you been looking for a job? _____
8. What kind of volunteer activities have you done in the last 30 days? _____
9. During the past year, have you worked with or been assisted by any other workforce development agency (ARMHS Worker, Dept. of Rehabilitation Services, Veterans Representative, HDC Human Development Center, St. Louis County Financial Worker, etc.)? If so, please list which agency(ies):

10. Please list any Talents/Hobbies/Skills you haven't already mentioned : _____

SECTION 3: EDUCATION AND TRAINING HISTORY

Level of Education – What is your highest level of education completed?	
<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Other, highest grade completed _____	
<input type="checkbox"/> Associates - Field of Study	<input type="checkbox"/> Bachelors - Field of Study
<input type="checkbox"/> Masters - Field of Study	<input type="checkbox"/> Doctorate or Beyond - Field of Study
<input type="checkbox"/> Job-related licenses or certifications (please list): e.g., LPN, CNA, welding, cosmetology	

1. Are you currently attending school, training, or any educational classes? _____
If so, What? _____ and Where? _____

SECTION 4: OCCUPATIONAL PREFERENCES

1. If you could get more training and instruction, what would be your perfect position?

2. Which of these work-related items are most important to you in a job right now?
 Indoors Outdoors Small office Large office Wages
 Lots of people Few people Busy Quiet Benefits
 Work in a team Work alone None Time and distance it takes to get to work



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3. Do you like working with **numbers and information**? This includes factual information, number specifications, research or data based information, codes, measurements, etc. **Examples** of this type of job may include accountant, bookkeeper, credit reporter, purchaser, claims adjuster, cashier, writing, filing, typing etc. Yes, Explain No, Explain

4. Do you like working with **people**? This includes working directly with people or helping people. **Examples** of this type of job may include: health care/social worker, teacher, nurse, policeman, waitress, receptionist, etc. Yes, Explain No, explain

5. Do you like working with **things**? This includes working with machinery, office equipment, shovels, tools, trucks, etc. **Examples** of this type of job may include construction trades, air conditioning and heating technicians, auto mechanics, auto body repairers, electricians, welders, truck drivers, computer repairers, machinist, general labors, janitorial, custodian, maintenance jobs etc. Yes, Explain No, Explain

6. **In terms of work**, what are some of your strengths and weaknesses? (list 3 of each):

Strengths

Weaknesses

- a. _____
- b. _____
- c. _____

- a. _____
- b. _____
- c. _____

Employment Interests: What type of unsubsidized job(s) are you seeking?

Please do not leave this section blank.

Circle Full or Part-Time

- a. _____
- b. _____
- c. _____

Full or Part-Time
Full or Part-Time
Full or Part-Time

Please tell us anything else you would like us to know about you.



Section 5: SUPPORTIVE SERVICE NEEDS CHECKLIST

SUPPORT SERVICES NEEDED/BARRIERS or CONCENS REGARDING EMPLOYMENT OR COMMUNITY SERVICE

Will any of the following affect your ability to perform a host agency assignment or conduct an active job search? Please use the checklist below to identify any other needs you have at this time. (Check all that apply)

- Dependent Care (child/family care)**
- Earnings will decrease other benefits**
circle - SSI SSDI FS MA GA
- Housing**
 - Homeless or at risk of homelessness
 - Public/Section 8 rent will increase
 - basic essentials (food, clothing)
 - my own place to live
 - Pay past due utilities
 - Get a telephone
 - Past due rent/Mortgage
- Health/Medical/Disability**
 - Eye exam/eye glasses
 - Teeth fixed/dental apt.
 - Personal grooming/hygiene items (make-up, toothpaste, soap, deodorant, etc.)
 - Hearing Loss
- Limitations or Accommodations**
 - Need special accommodation due to: _____
 - Cannot lift over _____ pounds
 - Cannot sit or stand for long periods
- Education/GED**
 - Lacks basic skills to compete for jobs
- Transportation**
 - valid driver's license
 - Auto insurance, registration etc.
 - a working vehicle
 - gas money
 - public transportation
- Job Search Skills**
 - access to a home computer or printer
 - internet access and an email address
 - Learn how to use a computer
 - access to a working answering machine or voice mail
 - a working cell phone
 - Develop a resume and cover letter
 - Learn to search for a job
 - proper interview clothing
- Wage Garnishment**
- Limited English Proficiency**
- Gambling Problem**
- Bankruptcy (past or impending)**
- Work Experience**
 - Little or no recent work experience
 - Has been fired from a job
- Previous Workers Compensation Injury**
- Personal**
 - Self-Confidence
 - Motivation/Fear
 - Spend more time with others
 - Feel less frustrated, angry or confused
 - Learn money management skills
 - Pay family bills/debts
- Criminal Record** - we may check public records including records of conviction
 - Resolve/learn to address prior felonies or convictions
- Chemical Dependency**
 - Reduce alcohol use
 - Reduce drug use
- Depression/Anxiety**
 - Counseling for loss of a loved one
- Other** _____
- Other** _____
- Other** _____

Identify three possible community service assignments based on the participant's preferences and potential employment goals.

1) _____ 2) _____ 3) _____

AGREEMENT

I agree that I have been an active participant in this assessment process. The information I gave for this assessment is true and correct.

Participant Signature _____ Date _____

Project Director/Staff Signature _____ Date _____