



5. If you are unemployed, what are your challenges to getting a job? \_\_\_\_\_  
 \_\_\_\_\_
6. What other help do you need to go to work? \_\_\_\_\_
7. If employed now, how would you like to see your job improve? (i.e., raise, more hours, advancement)  
 \_\_\_\_\_

8. What jobs have you applied for over the past 6 months? (Use the back of this page if you need more space)

Employer	Position Applied For	Interview Y/N	Outcome

**Case Manager's summary of Employment Status:**

**FUTURE WORK:**

1. Are you currently registered with the Alaska Employment Service ALEXSYS system? Yes \_\_\_ No \_\_\_
2. Do you have a current resume? Yes \_\_\_ No \_\_\_ If yes, please provide a copy.
3. Do you need help writing or updating your resume? Yes \_\_\_ No \_\_\_
4. Have you used a computer or smart phone to fill out a job application? Yes \_\_\_ No \_\_\_
5. What type of work would you like to be doing? \_\_\_\_\_
6. Does this employment goal require additional job training? Yes \_\_\_ No \_\_\_
7. Have you ever taken a career interest assessment? Yes \_\_\_ No \_\_\_ What were the results?  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Are you willing to relocate to look for or accept a job? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_  
 \_\_\_\_\_

9. Who are your work references?

Reference Name	Contact Phone Number	Relationship (i.e., friend, co-worker, supervisor)	Will contact provide a good reference?	Does contact know they are a reference for you?

**Case Manager's summary of Future Work:**

**WORK SKILLS AND EXPERIENCE**

Thinking about all the work you have ever done, whether at a paid job or volunteer, have you:

	Y or N	Are you proficient Y or N	Is this an interest Y or N
Worked in a customer service position? (Ex: communicated with customers, resolved inquires, worked in retail)			
Worked in a food service position? (Ex: prepared food, server, take food or beverage orders, cleaned tables)			
Used math skills, or worked with an electronic machine? (Ex: cash register, bar code scanner, or calculator)			
Worked on a computer? (Ex: typing, word processing, entering data/information)			
Performed housekeeping or custodial tasks? (Ex: vacuuming, cleaning, or dusting)			
Worked with children or assisted handicapped or elderly people?			
Worked as a barber or in cosmetology? (Ex: cut or styled hair, painted nails)			
Supervised other people who reported to you?			
Worked with government or government agencies? (Ex: State, Tribal or local government)			
Contributed to a local community event: (Ex: assisted with parking or participated in a community parade)			
Worked in local tourism or served as a guide for local visitors to the community?			
Harvested local commodities? (Ex: logging, farming, local product manufacturing)			
Acquired skills through cultural activities? (Ex: traditional arts or activities)			
Participated in local subsistence hunting, fishing, and gathering?			
Worked in preserving, protecting, or conserving natural resources? (Ex: fisheries, forestry, land management)			

**Case Manager's summary of Work Skills and Experience:**

**SKILLS AND KNOWLEDGE:**

1. List all equipment, machinery, and tools, you can operate: \_\_\_\_\_  
\_\_\_\_\_
2. List all current licenses and certifications you have: \_\_\_\_\_  
\_\_\_\_\_
3. List all computer applications you can use (i.e., Word, Excel, Internet): \_\_\_\_\_  
\_\_\_\_\_
4. List all types of social media you use (i.e., Twitter, Facebook, Instagram): \_\_\_\_\_
5. In which industry(ies) do you have the most experience? Check all that apply and list number of years:

Industry	<input checked="" type="checkbox"/>	# of Years	Industry	<input checked="" type="checkbox"/>	# of Years	Industry	<input checked="" type="checkbox"/>	# of Years
Education	<input type="checkbox"/>		Health Care	<input type="checkbox"/>		Human Services	<input type="checkbox"/>	
Marketing	<input type="checkbox"/>		Hospitality, Restaurant and Tourism	<input type="checkbox"/>		Government and Public Administration	<input type="checkbox"/>	
Architecture and Construction	<input type="checkbox"/>		Finance, Accounting, Bookkeeping	<input type="checkbox"/>		Manufacturing or Processing	<input type="checkbox"/>	
Information Technology	<input type="checkbox"/>		Agriculture & Natural Resources	<input type="checkbox"/>		Law, Public Safety, Corrections, and Security	<input type="checkbox"/>	
Transportation, Distribution, and Logistics	<input type="checkbox"/>		Science, Technology, Engineering and Mathematics	<input type="checkbox"/>		Arts, Audio/Video Technology and Communications	<input type="checkbox"/>	

Other Industry(ies):

**Case Manager’s summary of Skills and Knowledge:**

**RESOURCES:**

1. Do you have access to a computer or smart phone to fill out a job application? Yes \_\_\_ No \_\_\_
2. Do you know where to go to get access to a computer? Yes \_\_\_ No \_\_\_
3. Do you have a valid Alaska Driver’s License? Yes \_\_\_ No \_\_\_ Expiration date: \_\_\_\_\_
  - a. Do you have a vehicle? Yes \_\_\_ No \_\_\_
  - b. If yes, is your vehicle in good working condition? Yes \_\_\_ No \_\_\_
  - c. If no, explain what needs to be fixed on your vehicle: \_\_\_\_\_
  - d. Does the vehicle have insurance? Yes \_\_\_ No \_\_\_
  - e. Are you required to carry SR22 insurance? Yes \_\_\_ No \_\_\_
  - f. Do other people in the household also use the same vehicle? Yes \_\_\_ No \_\_\_
  - g. Do you live within walking distance to a bus stop? Yes \_\_\_ No \_\_\_
  - h. Do you need help learning the bus system? Yes \_\_\_ No \_\_\_
  - i. If you don’t have a vehicle how do you do your errands and get to scheduled appointments?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Case Manager's summary of Resources:**

**EDUCATION:**

1. Circle the highest grade you've completed: Grade 5 or below 6 7 8 9 10 11 12 GED Or enter here: \_\_\_\_\_

2. Do you have: HS Diploma College Degree Other Certifications (List) \_\_\_\_\_

3. Did you participate in special education or require additional assistance with your classes when completing middle school or high school? Yes \_\_\_ No \_\_\_ Please explain: \_\_\_\_\_

4. Are you currently enrolled in school or a training program? Yes \_\_\_ No \_\_\_ Please complete the following:

a. School Name: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Estimated completion date: \_\_\_\_\_

Funding Source for education: \_\_\_\_\_

b. Which days per week and times do you attend school?

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							

5. Have you attended other educational or training activities such as:

Classes or training to prepare for the GED exam or to improve basic reading or math skills?

Computer classes?

Job readiness or job search programs (resume writing, completing applications, interviewing, and participation in a job club)?

Work experience programs (community service, job, internship, or volunteer work)?

Other?: \_\_\_\_\_

**Case Manager's summary of Education:**

**LEGAL ISSUES:**

1. Have you ever been convicted of any criminal offense other than a minor traffic violation? Yes \_\_\_ No \_\_\_ Please complete the following for each offense. (If you need more room, use the back of this page)

Type of offense	Date of Conviction	Are you currently on probation or parole?	Date probation or parole started and estimated end date

2. Do you have any upcoming court dates? Yes \_\_\_ No \_\_\_ If yes, please complete the following:

Court Date	Type of Court (i.e., Civil, Family, Criminal)	Expected Outcome

**Case Manager's summary of Legal Barriers:**

**PERSONAL HISTORY:**

1. Who lives in your home at this time? (If you need more room use the back of this page)

Name	Relationship	Age

2. List biological children under 18 that do not reside in your home? (If you need more room use the back of this page)

Name	Relationship	Age

3. List anyone who lives in your home who is dependent on you for their medical care?

Name/Relationship:
Diagnosis:
Level of care: daily, occasional, 24/7, other:

4. List anyone who does not live in your household who is dependent on you for medical care?

Name/Relationship:
Diagnosis:
Level of care: daily, occasional, full-time, part-time, other:

5. What other agencies are assisting you and your family? (Check all that apply)

<input type="checkbox"/>	Housing Assistance	<input type="checkbox"/>	Office of Children's Services	<input type="checkbox"/>	Behavioral/Mental Health
<input type="checkbox"/>	Adult Basic Education	<input type="checkbox"/>	Dept. of Corrections/Probation	<input type="checkbox"/>	Childcare Resources
<input type="checkbox"/>	Vocational Rehabilitation	<input type="checkbox"/>	WIOA/Job Training	<input type="checkbox"/>	Substance Abuse Counseling
<input type="checkbox"/>	Domestic Violence Shelter	<input type="checkbox"/>	Tribal Agency	<input type="checkbox"/>	Juvenile Justice
<input type="checkbox"/>	Health/Medical Provider	<input type="checkbox"/>	Special Education	<input type="checkbox"/>	Other:

6. What is your current housing situation?

<input type="checkbox"/>	Rent / own	<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Transitional housing (i.e., shelter)	<input type="checkbox"/>	Other: (Please explain)
<input type="checkbox"/>	Sharing a house / apartment with family or friends		
Is there anything else about your housing situation that is unstable or that you would like to discuss? Yes ___ No ___ Please specify:			

7. Do you and your family have your monthly basic needs and expenses covered: Yes \_\_\_ No \_\_\_ Please indicate what you may need assistance with. (Check all that apply)

<input type="checkbox"/>	Rent / Housing	<input type="checkbox"/>	Food	<input type="checkbox"/>	Electricity / Fuel Oil
<input type="checkbox"/>	Health care	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Other:

**Case Manager's summary of Personal History:**

**HEALTH AND SAFETY:**

- In general, is your overall health: \_\_\_ Excellent \_\_\_ Very Good \_\_\_ Good \_\_\_ Fair \_\_\_ Poor
- Do you have a medical condition that presents a challenge for you to work? Yes \_\_\_ No \_\_\_ Please explain:  
\_\_\_\_\_
- Do your children have behavior, physical or mental health issues that may affect your ability to work? Yes \_\_\_ No \_\_\_ Please explain: \_\_\_\_\_
- Have you or a family member had a head injury, substance abuse issue or any other medical issues that has kept you from working? Yes \_\_\_ No \_\_\_ Please explain: \_\_\_\_\_

5. Have you ever been treated for an emotional or mental health condition such as depression, anxiety or ADD/ADHD? Yes \_\_\_ No \_\_\_ Please explain: \_\_\_\_\_
6. Are you currently in treatment for drug or alcohol abuse? Yes \_\_\_ No \_\_\_ If yes, where and give duration of treatment program? \_\_\_\_\_
7. Does anyone living with you have a problem or history of problems with drug or alcohol abuse? Yes \_\_\_ No \_\_\_ Please explain: \_\_\_\_\_
8. Are you currently under the treatment of a Physician or Mental Health Practitioner or Counselor? Yes \_\_\_ No \_\_\_ If yes, with who and where? \_\_\_\_\_
9. Are you and your family safe at home? Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_
10. Have you ever been abused, verbally, physically or emotionally by a partner or family members? Yes \_\_\_ No \_\_\_
11. Can your ATAP Case Manager leave a phone message for you with your spouse, partner or other? Yes \_\_\_ No \_\_\_

Contact Name/Relationship	Contact Phone Number

**Case Manager's summary of Health and Safety:**

**ADDITIONAL INFORMATION:**

1. Is there anything else about your current situation that we need to know to help you get or keep a job?



**Case Manager's summary and recommendations from the Employment Planning Interview:**