

DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF PUBLIC ASSISTANCE
ALASKA TEMPORARY ASSISTANCE PROGRAM

EMPLOYMENT PLANNING INFORMATION

This form will help collect information about your employment goals, interests, work background and education so that you are better able to get, keep and advance in a job.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ Social Security #: ____ / ____ / ____

Date of Birth: _____ Are you a U.S. citizen? _____

If no, Alien Registration number: _____ Expiration date: _____

EMPLOYMENT GOALS

1. Are you working now? _____ If yes, what type of work are you doing? _____

2. If you're not working now, what was your last job? _____ Date ended: _____

3. What type of work would you like to be doing in the future? _____

4. Do you know of any job openings in this line of work? _____ Where? _____

5. Are you willing to move to look for or accept a job? _____

6. Are you willing to accept a job in a remote site? _____

7. What type of help do you need to go to work? _____

WORK SKILLS & EXPERIENCE

8. Please provide an overview of your paid work and volunteer experience. List the type of work (for example, child care, clerical, fishing), the total amount of time you have done the work, and the number of different employers for whom you have done the work.

Type of work	Total months of this type of work	Total number of employers for this type of work

9. What type of work are you looking for now? _____

10. What type of work are you certain you can't do or don't want to do? _____

11. Do you have a valid Alaska Driver's License? ADL# _____

12. List equipment, machinery and tools you can operate: _____

13. List any other skills or abilities you have that can help you find and keep a job: _____

14. List any licenses or certificates you hold: _____

16. Are you registered with the Alaska Employment Service? _____

17. Do you have a resume? _____ If yes, please attach a copy.

EDUCATION & TRAINING

18. Circle the highest grade you've completed.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 GED

19. Do you have a college degree? What type? _____

20. What were your strongest interests in school? _____

21. Are you currently in school or training? Where: _____

Course of study: _____

22. Have you completed any vocational training programs? Date completed: _____

Where: _____ Course of study: _____

Where: _____ Course of study: _____

23. Have you started any college courses or vocational training programs that you haven't finished?

Number of months attended: _____ Date you stopped attending: _____

Where _____ Course of study: _____

ADDITIONAL INFORMATION

24. Are you a Veteran? If yes, dates of service: _____ to _____

Branch of service: _____ Type of discharge: _____

25. Have you been convicted of a crime other than a traffic violation? If yes, please explain: _____

26. Are there any other agencies that are helping you or your family? If yes, please explain: _____

STRENGTHS INVENTORY

Please circle the strengths you have that will help you go to work:

I know my best skills.

I know my strongest interests.

My health is good.

I am motivated to find a job.

I have a car or other transportation.

I have a telephone or access to a telephone.

My household has a way to get food for the whole month.

My household has heat and lights for the whole month.

I have lived in the area for at least one year.

My children have the shoes and clothes they need.

My children like school and attend regularly.

I want to live in the area for at least the next year.

I speak another language besides English.

I have Medicaid or other health insurance coverage for my family.

I've had at least one job that didn't work out (I quit or was fired) and I learned something important from the experience.

I've been better off financially when I was working than when receiving public assistance.

I have a past boss who would give me a reference.

I have friends who would give me a reference.

I have held a job successfully for at least six months.

I know how to fill out a job application.

I have or I know how to find child care when I need it.

I'm interested in learning how to drive.

My children have generally good health.

My children have experience with me being a working parent.

My children want me to go to work.

I receive child support.

My family and friends support me in going to work.

My housing is safe.

I have or can get the clothes I need to go to work.

I have some ideas about what I need to do next to go to work.

I've had at least one job that I liked and I learned something important from the experience.

I have some ideas about how the Temporary Assistance Program can help me go to work.

THANK YOU

Applicant signature
ATAP 5 06-3871 (7/02)

Date