



WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) PERSONAL PROFILE

Please complete this form to the best of your ability. The information you provide will assist us in developing your individualized service plan which will be used to better serve your needs. If you have any questions or difficulty in completing this form, please ask your case manager for assistance.

Name: _____ Date: _____

VOCATIONAL INTERESTS AND GOALS

1. List the jobs or occupations you are interested in obtaining (rank in order of importance, (a.) being your first choice):
 a. _____ c. _____
 b. _____ d. _____
2. Have you ever attended a Job Seeking/Careers class or workshop? Yes No
 If yes, list location: _____ Date Completed: _____
3. Have you ever completed any of the following job search activities? (check all that apply)
 completing a job application creating a written resume writing a cover letter
 answering interview questions writing a thank-you letter
4. Do you need assistance with completing any of the above listed or other job search activities? Yes No
 If yes, please list activities you need assistance with: _____
5. Have you ever visited a Job Center? Yes No
 If no, would you like a tour? Yes No
6. Do you need assistance with using the computers in the Job Center? Yes No
7. Are you familiar with Internet websites to assist you in your job search? Yes No
8. Have you applied for any jobs recently? Yes No
9. In the past 6 months, how many employers have you contacted as part of your job search?
 0 – 10 11 – 20 21 – 50 51 – 75 76 – 100 over 100
10. What hours/shifts are you available to work? (take into consideration any child care and transportation needs)
 days afternoons evenings overnight rotating shift
11. Have you been successful in getting interviews? Yes No
12. What reasons have employers given for not hiring you? _____
13. What do you feel have been your biggest obstacles in looking for a job? (check all that apply)
 finding out about job openings no resume getting employers to interview me transportation
 lack of work experience appearance inability to communicate effectively lack of motivation
 lack of job-related skills attitude lack of child care health problems
 legal issues employer bias or prejudice due to: race gender age
 other: _____
14. Please list all types of work you are unable to perform due to limitations (example: medical, health, physical):

15. Are you willing to relocate to another area to get a job? Yes No Undecided

EDUCATION/TRAINING HISTORY

1. Have you participated in any post high school education and/or training that you did not complete? Yes No
 If yes, please explain reason for non-completion: _____
2. Do you have any special trade licenses, certificates, or union affiliation? Yes No
 If yes, please explain: _____
3. Have you applied to a technical college or four-year university/college? Yes No

If yes, list name of school and program area of study: _____

Have you met with a College Advisor? () Yes () No If yes, list date: _____
Have you taken the Accuplacer/Entrance Exam? () Yes () No If yes, list date: _____
Have you applied for financial aid? () Yes () No If yes, list date: _____

COMPUTER SKILLS

1. Do you have a computer at home? () Yes () No If yes, do you have internet access? () Yes () No
2. Are you familiar with the following Microsoft Programs? (check all that apply) () Word () Excel () PowerPoint () Access
3. What other computer programs do you use? _____

HEALTH

1. Have you ever been diagnosed with a disability or health limitation? () Yes () No
If yes, please explain: _____
2. Do you have health insurance? () Yes () No Do you have dental insurance? () Yes () No
3. Do you need referral or resource information on medical, emotional, or dental services for you and/or your family? () Yes () No

MENTAL HEALTH

1. Are you currently receiving services from a mental health professional/counselor? () Yes () No
If yes, are you currently taking any medications? () Yes () No
OPTIONAL RESPONSE: Please list medications and name of mental health professional/counselor: _____

LEGAL ISSUES

1. Do you have any previous or current legal issues and/or criminal history? () Yes () No If yes, please explain: _____

TRANSPORTATION

1. Is a public transit system available to you? () Yes () No Are you familiar with rates/schedule? () Yes () No
2. Do you have a valid driver's license? () Yes () No
If no, what do you need to do to obtain a valid driver's license? _____
3. Do you have a dependable vehicle/driver available for work, school, appointments, etc.? () Yes () No
4. Do you have automobile insurance? () Yes () No

CHILD CARE

(skip this section if you have no children)

1. Do you have adequate/dependable child care arranged for your children at this time? () Yes () No
2. Do you have alternate child care arranged should your primary provider be unavailable? () Yes () No
3. Please list your current monthly child care expenses (estimate): \$ _____

MISCELLANEOUS

1. Please list your current housing situation (ex. rent, own, reside with parents/guardians, etc.) _____
2. Do you receive adequate support from family and/or friends? () Yes () No

OTHER AGENCY/COMMUNITY SERVICES

Please check all agency/community services you are currently receiving services from:

- | | | | |
|-------------------------------|--------------------------|-----------------------------------|---|
| () ADVOCAP/CAP Services | () AODA Services | () Child Support | () Division of Vocational Rehabilitation |
| () Domestic Abuse Services | () Financial Counseling | () Food Share | () Health Clinics |
| () Refugee Assistance Agency | () Homeless Shelter | () Housing Assistance | () Mental Health Clinic |
| () Probation/Parole | () Social Services | () TAA/TRA | () Technical or University College |
| () Veterans Administration | () UMOS | () Temporary Employment Agencies | |
| () Other: _____ | | | |