
Ticket to Work Candidate Needs Assessment

NAME: _____ TW NUMBER _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____

CELL NUMBER: _____ E-MAIL: _____

Please complete the following to help us determine your training and development needs:

1. What is your highest education level? High School Diploma GED Some College
 Undergraduate Degree Graduate Degree
2. Are you currently employed? Yes No (If you answered no, skip to question 5)
3. What is your current position and employment industry (i.e., government, private, health, education, etc.)? _____

4. What are your employable skills (e.g., administrative, technical, customer service, bookkeeping, accounting, teaching, leadership, etc.)? _____

5. Please state your last date of employment and the reason/cause of your unemployment status.

6. Are you seeking training to: Become Gainfully Employed Transition to a New Career Start a Business Hone Current Employable Skills Increase Salary
7. Have you ever used a computer? Yes No
8. Please list your computer skills _____

9. Do you own a computer? Yes No
10. What barriers would prevent you from receiving quality training and development services? Lack of Funds Transportation Time Childcare Other _____
11. What services are you seeking?
 - Career Counseling & Placement — (e.g., Career Assessment, Pre- and Post Career Placement Assistance)
 - Career Development & Training — (e.g., Career Development, Computer Literacy, and Leadership Development)
 - Professional Development Services — (e.g., Money Management, Time Management, Basic Literacy, Effective Communication, Entrepreneurial Skills, and Self-Esteem Building)

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CAREER GOALS AND OBJECTIVES

1. What are your short-term career goals and objectives?

A. _____

B. _____

C. _____

D. _____

2. What are your long-term career goals and objectives?

A. _____

B. _____

C. _____

D. _____

3. What timeframe do you want to meet your short-term career goals and objectives?

A. _____

B. _____

C. _____

D. _____

4. What actions do you need to take to meet your career goals and/or objectives?

A. _____

B. _____

C. _____

D. _____

5. Please state your previous careers (e.g., Receptionist, Sales Associates) and the dates held.

A. _____

B. _____

C. _____

D. _____