Supplemental Nutrition Assistance Program (SNAP)
Employment and Training (E&T)

Interest and Skills Questionnaire

This questionnaire is a tool used by the Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T). The SNAP E&T program staff will use the information you provide to help you develop a career path. The SNAP E&T program staff will also use this information to help you pick an activity to assist you in building the skills you need to help you move forward on your career path. Please print the information requested below.

Name: _______________________________ Case Number: _______________________________

Telephone Number: ___________________ Email Address: ______________________________

Address: ______________________________ City/State/Zip: ______________________________

Mailing Address (if different): ______________________________ City/State/Zip: _______________

1. Please list the highest grade you completed below. If you received a diploma or degree, please list the degree, the school you attended and the year you completed your degree. __________________________________________

2. Do you have a professional or technical certificate or license that is current?  □ Yes  □ No
   If yes, please list all professional and technical certificates or licenses and the year you received your certification. (Examples include: CDL license, Certified Nursing Assistant – CNA, Certificate in Microsoft Office, etc.) __________________________________________

3. Are you attending school now?  □ Yes  □ No
   A. If yes, where are you going to school, what are you going to school for and how many hours of classes are you taking? __________________________________________
   B. If no, would you like to go back to school?  □ Yes  □ No (if no, skip to question 4)
   C. What would you like to go to school for? __________________________________________
   D. What would make you drop out of school? __________________________________________

4. Have you applied for or ever received financial assistance?  □ Yes  □ No

5. Have you ever been enrolled in special education classes?  □ Yes  □ No

6. Have you ever been tested for a learning disability?  □ Yes  □ No

7. Do you have trouble working with numbers in columns?  □ Yes  □ No

8. Do you have trouble remembering how to spell simple words?  □ Yes  □ No
9. Do you have trouble filling out forms? □ Yes □ No

10. Do you have trouble adding and subtracting small numbers in your head? □ Yes □ No

11. What language(s) do you speak? ________________________________

12. Are you a Veteran? □ Yes □ No
   A. If yes, what skills did you receive in your military training? ________________________________
   B. Are you the spouse or dependent of a military veteran? □ Yes □ No

13. Are you volunteering with a for-profit or not-for-profit employer in your community? □ Yes □ No If no, would you like to volunteer in your community? □ Yes □ No

14. What type of work would you like to do? ________________________________

15. Are you currently looking for a job? □ Yes □ No

16. What type of job would you like to get in the next six months with your current skills? ________________________________

17. Are you having difficulties finding work? □ Yes □ No

18. What do you think keeps you from getting or finding a job? ________________________________

19. Are you re-entering the workforce after being a homemaker? □ Yes □ No

20. Did you lose your job because your skills were no longer in demand, your job went overseas, the business closed, or there was a layoff? □ Yes □ No
   A. If yes, describe the work you were doing? ________________________________
   B. What city were you working in? ________________________________
   C. What was the business name/employer? ________________________________

21. Please check all of your skills and abilities:

- □ I type fast
- □ I have worked in an office
- □ I have worked in construction
- □ I can use the computer
- □ I can file
- □ I have worked with kids
- □ I can drive a truck or a bus
- □ I can use a cash register
- □ I have worked in a warehouse
- □ I have worked in a restaurant cooking
- □ I have worked in a medical office
- □ I have worked in a hotel.
- □ I can answer multiple phone lines
- □ I have customer service skills
- □ Other: ________________
Work History Summary (List Most Recent Employer First)

1. Name of Employer ___________________________ Job Title ___________________________
   Start Date ________________ End Date ________________ □ Full-time □ Part-time
   Beginning Salary ______ Ending Salary _______ □ Hourly □ Weekly □ Other __________
   What tasks did you perform at this job?
   __________________________________________
   __________________________________________
   What did you like the most about this job? __________________________________________
   What did you like the least? _______________________________________________________
   Reason for leaving ________________________________________________________________

2. Name of Employer ___________________________ Job Title ___________________________
   Start Date ________________ End Date ________________ □ Full-time □ Part-time
   Beginning Salary ______ Ending Salary _______ □ Hourly □ Weekly □ Other __________
   What tasks did you perform at this job?
   __________________________________________
   __________________________________________
   What did you like the most? _______________________________________________________
   What did you like the least? _______________________________________________________
   Reason for leaving ________________________________________________________________

3. If you are working, did you report your employment to the Department of Children and Families? □ Yes □ No

Personal Summary

1. Do you have any medical, mental health or physical limitations that limit you in your work activity or training? □ Yes □ No If yes, explain: __________________________________________

2. Have any of the following issues ever caused a problem with you finding employment, keeping a job or keeping you from going to school?
   A. Drugs   B. Domestic Violence   C. Depression   D. Alcohol   E. Other: _____
   You can receive confidential services at any time. If you are a victim of domestic violence, you can disclose that you are dealing with domestic violence at any time. If you do not feel safe, there is a confidential hotline you can call as well. The number is 1-800-500-1119.

3. Are you currently involved in a treatment center or program (please describe)? __________________________

4. Do you have a criminal record and/or criminal conviction? □ Yes □ No
5. Did you go to jail? □ Yes □ No

6. Are you on probation or parole? □ Yes □ No
   A. If yes, what are the terms of your release?

7. Are you currently going through a legal issue? □ Yes □ No

8. How do you plan to get to work or training activities? □ Bus □ Personal Vehicle □ Walk □ Bike
   □ Other __________________________

9. Do you need help paying for transportation? □ Yes □ No

10. Do you have a valid driver’s license? □ Yes □ No

11. Do you have a place to live? □ Yes □ No If no, do you need assistance in finding a place to live?
   □ Yes □ No If yes, please explain: __________________________

12. Have you applied for Unemployment Compensation? □ Yes □ No If yes, when? __________________

13. Are you pregnant or a parent (and your children live with you)? □ Yes □ No

14. Are you a foster child or in the foster care system? □ Yes □ No

Volunteer’s Signature __________________________  Program Staff’s Signature __________________________

Date __________________________  Date __________________________

Comments: (OFFICIAL USE ONLY)

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