



# Orange County One-Stop Center INDIVIDUAL INITIAL ASSESSMENT

Customer Name \_\_\_\_\_

Date \_\_\_\_\_

Email Address \_\_\_\_\_

Career Planner \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employment Goal/Occupation: \_\_\_\_\_ Industry Cluster: \_\_\_\_\_

Expected Wage: \$ \_\_\_\_\_ per hour Annual Salary: \$ \_\_\_\_\_ Estimated months to achieve goal \_\_\_\_\_

How many miles are you willing to travel to work: \_\_\_\_\_ Are you willing to Relocate?  Yes  No

Computer Proficiency: (Check one)  No Experience  Beginner  Intermediate  Advanced

Occupational Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION AND TRAINING

Highest Grade Completed: \_\_\_\_\_ Degree Attained: \_\_\_\_\_

Certificates or Licenses: \_\_\_\_\_

### MOST RECENT EMPLOYER (If available, a copy of the Customer's resume shall be placed in the case file)

FROM	TO	EMPLOYER	WAGE	JOB TITLE	DUTIES

SHORT TERM GOAL  
\_\_\_\_\_  
\_\_\_\_\_

LONG TERM GOAL  
\_\_\_\_\_  
\_\_\_\_\_

### BARRIERS RELATED TO EMPLOYMENT AND JOB RETENTION

BARRIERS	PLANNED SERVICE(S) TO OVERCOME BARRIER	AGENCY TO PROVIDE SERVICE(S)

### SUPPORTIVE SERVICES (Refer to OCWIB Information Notice on Supportive Services)

NEED	EXPLAIN

ADDITIONAL COMMENTS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_