

**BANKWORK\$™ ASSESSMENT**

Student Name: _____ Nick Name: _____

Banking Career Navigator Name: _____ Assessment Date: _____

CAREER GOALS AND INTERESTS

1. What is your career goal?

2. Why is this your career goal?

3. Who in your life (friends / family / other) supports you with this career goal?

License**Certificates****Workshops**

Date_____

Date_____

Date_____

Date_____

Date_____

Date_____

CURRENT OR MOST RECENT EMPLOYMENT

List most recent first: indicate part or full time, paid/un-paid internship & volunteer work.

Employer Name_____
City_____
State_____
Zip_____
Job Title☐ Full Time Hrs. _____☐ Part Time Hrs. _____

Employed (Month/Year) From _____ To _____ Salary _____

Reason for leaving

4. What did you like the most?

5. Are you currently working?

☐ Yes☐ No

i. If yes, where are you working and what are your hours?

ii. Will your work schedule need to change once you begin training?

☐ Yes☐ No

iii. If yes, please explain:

6. Have you ever been let go from a job?

☐ Yes☐ No

i. If yes, please explain:

7. Do you know anyone that could provide you a positive reference for future employment?

☐ Yes☐ No

8. Have you ever served in the U.S. Military?

☐ Yes☐ No

i. If yes, please describe:

9. Are you a dependent of U.S. Military personnel?

☐ Yes☐ No**JOB READINESS**

10. Have you used the internet for online job search and applications?

☐ Yes☐ No

11. Do you have a current resume?

☐ Yes☐ No

12. Do you have a current cover letter?

☐ Yes☐ No

13. What part of the job search process has been the most difficult for you?		
14. What areas do you feel you need to improve on (interviewing, networking, job search techniques, completing online applications, appropriate dress, etc...)?		
15. Are you aware of the impact of your digital footprint through online websites such as FaceBook and LinkedIn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CRIMINAL BACKGROUND		
16. Do you have any current or past legal issues that could impact work/training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
BASIC SKILLS		
What languages are you fluent? <input type="checkbox"/> English: <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Spanish: <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak		
<input type="checkbox"/> Hmong: <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Other: _____ <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak		
17. How often do you use a computer? <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely/Never		
What programs/applications are you comfortable using: <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> MS Word <input type="checkbox"/> MS Outlook <input type="checkbox"/> MS Excel <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> Other _____		
18. What is your typing speed?		
19. Do you own a computer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If yes, do you have internet access at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. If no, do you have access to a computer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TRANSPORTATION		
20. How far are you willing to travel for school / work?		
21. How do you plan on commuting to school / work?		
i. If by bus, do you know how to plan a trip through Metro?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. If by car, is the vehicle reliable and in good working condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If by car, do you have car insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Do you have a back-up transportation plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If yes, what is it?		
HOUSING		
24. Are there any barriers to attending class full time for 8 weeks? How stable is your housing?		
CHILDCARE		
25. Do you have a childcare plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FINANCIAL PLANNING		
26. Do you have any financial concerns that could affect you in training or in this program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If yes, please explain:		
27. Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. What are your primary sources of income?		

FINANCIAL PLANNING continued		
29. Are you behind on any credit card payments or other loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If yes, approximately how much do you owe?		
30. Do you have any outstanding legal financial obligations? (tickets, fines, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Do you file taxes annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Have you ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMERGENCY INFORMATION (contact in case of emergency)		
Name _____	Relationship _____	
Address _____	Telephone _____	
I certify that the information contained in this application is true and complete. I understand that false information may be grounds for immediate termination from the BankWork\$ program. I authorize the verification of any or all information listed above.		
Participant Signature: _____		Date: _____
Banking Career Navigator Signature: _____		Date: _____
FOR BANKWORK\$ USE ONLY		

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