Assessment - MediWork$ ™

Student & Career Navigator Information					
Student Last Name		First Name			
MediWork$ Career Navigator Name			Assessment Date		

Career Goals and Interests
What is your career goal?
Why is this your career goal?
Who in your life (friends/family/other) supports you with this career goal?

Licenses		Certificates		Workshops	
Description	Date	Description	Date	Description	Date

Current or Most Recent Employment							
Employer Name		City		State		Zip	
Job Title		Hrs./Wk.		☐Full Time ☐Part Time			
Type of Experience	☐Paid Work ☐Paid Internship ☐Unpaid Internship ☐Volunteer Work						
Reason for leaving?							
What did you like most?							
Are you currently working ☐Yes ☐No If yes, answer the questions below.							
	Where are you working?						
	What are your hours?						
	Will your work schedule need to change once you begin training? ☐Yes ☐No If yes, explain.						
Have you ever been let go from a job? ☐Yes ☐No If yes, explain.							
Do you know anyone that could provide you a positive reference for future employment? ☐Yes ☐No							
Have you ever served in the U.S. Military? ☐Yes ☐No If yes, describe.							
Are you a dependent of U.S. Military personnel? ☐Yes ☐No							

Job Readiness		
Have you used the internet for online job search and applications? ☐Yes ☐No		
Do you have a current resume? ☐Yes ☐No		
Do you have a current cover letter? ☐Yes ☐No		
What part of the job search process has been the most difficult for you?		
What areas do you feel you need to improve on (e.g.: interviewing, networking, job search techniques, completing online applications, appropriate dress, etc.)		
Are you aware of the impact of your digital footprint through online websites such as FaceBook and LinkedIn? ☐Yes ☐No		
Criminal Background		
Do you have any current or past legal issues that could impact work/training? ☐Yes ☐No If yes, explain.		
Basic Skills		
In what languages are you fluent?		
	Speech	☐English ☐Spanish ☐Hmong ☐Other:
	Reading	☐English ☐Spanish ☐Hmong ☐Other:
	Writing	☐English ☐Spanish ☐Hmong ☐Other:
How often do you use a computer? ☐Daily ☐Monthly ☐Rarely/Never		
What programs/applications are you comfortable using? ☐Email ☐Internet ☐MS Word ☐ MS Outlook ☐MS Excel ☐MS PowerPoint ☐Other:		
What is your typing speed?		
Do you own a computer? ☐Yes ☐No		
	If you have a computer at home, do you have internet access at home? ☐Yes ☐No	
	If no, do you have access to a computer and internet access? ☐Yes ☐No	
Transportation		
How far are you willing to travel for school/work?		
How do you plan on commuting to school/work? ☐Bus ☐Car ☐Other:		
	If by bus, do you know how to plan a trip through the Metro area? ☐Yes ☐No	
	If by car, is the vehicle reliable and in good working condition? ☐Yes ☐No	
	If by car, do you have car insurance? ☐Yes ☐No	
Do you have a valid driver's license? ☐Yes ☐No		
Do you have a back-up transportation plan? ☐Yes ☐No If yes, describe:		
Housing & Barriers		
Describe how stable your housing is.		
Are there any barriers to attending class full time for 8 weeks? ☐Yes ☐No If yes, describe:		
Childcare		
Do you have a childcare plan? ☐Yes ☐No ☐N/A		

Financial Planning						
Do you have any financial concerns that could affect you in training/program? ☐Yes ☐No If yes, describe:						
What are your primary sources of income?						
Emergency Contact Information						
Last Name		First Name				
Relationship		Telephone				
Address						
City		State		Zip		
Certification						
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 MediWork$ program. I authorize the verification of any or all information listed above.						
Student Signature		Date				
MediWork$ Career Navigator Signature		Date				

MediWork$ Staff Use Only

Form Date: 10.29.26

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