



Assessment Addendum - YouthBuild		
Name: Date of Birth:		
How did you hear about the YouthBuild (YB) program?		
A. Goals and Support System		
1. Goal		
What is the main reason you want to be in the YB program?		
2. Support System		
How will you travel to YB every day?		
Describe your transportation back up plan		
Do you have an alarm clock? Yes No		
B. Work Experience		
What are your future employment goals?		
2. Have you taken an aptitude or employment interest test? Yes No If yes, what were the results?		
Describe any work-related skills you possess		
4. Do you like to work alone or with other people, please explain:		
5. What would you do if you were paired up with someone you did not get along with, please explain:		
6. Describe how you have dealt with a difficult situation:		
7. Do you have a hard time focusing or concentrating? Yes No		
8. Do you have an updated resume and cover letter? Yes No		
9. Do you have any barriers that might prevent you from obtaining employment? Yes No If yes, describe:		
10. Are you interested in becoming a Certified Nursing Assistant? Yes No If no, skip to question 11.		
Do you have difficulty standing for extended periods? Yes No		
Are you comfortable performing repetitive tasks that involve pushing and pulling 35-50 lbs. on a daily basis? Yes No		
Are you comfortable assisting patients with daily living activities, including bathing, dressing, feeding, toileting, and record-keeping? Yes No		
Have you been Immunized? Yes No If no, would you be willing to be immunized? Yes I	No	
11. Are you interested in working in construction? Yes No If no, skip to Section C.		

Do you like to work outdoors?	
Have you ever done construction or physical labor?	
Have you ever been on a ladder, scaffolding, or roof? Yes No	
What do you think about men and women working together on the construction	n site?
C. Staff Signature	
Staff Signature: Date:	

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