



Greater Dayton Premier Management
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Assessment of Experience and Skills for Participation in the Section 3 Program

NO, there is no one in my household interested in participating in training and employment under GDPM's Section 3 Program

YES, a member of my household is interested in participating in training and employment under GDPM's Section 3 Program. I am providing the following information for consideration:

1 Name _____

2 Address _____

Phone _____ Email Address _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

3 Age (Please Check One)
 18 - 24 25 - 44 45 - 59 60+

4 Do you have children/dependents living with you? (Please Check One)
 Yes No

5 If yes, please list children/dependents living with you and their ages

	Name	Age		Name	Age
1	_____	_____	5	_____	_____
2	_____	_____	6	_____	_____
3	_____	_____	7	_____	_____
4	_____	_____	8	_____	_____

6 Do you have a high school diploma or a GED?
 Yes No

7 What is the Major Source of Family Income? (please check one)

<input type="checkbox"/> Salaries or wages earned from a job by persons in home	Public assistance programs
<input type="checkbox"/> Alimony, child support or other support from family outside of home	<i>(check all that apply)</i>
<input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> AFDC
	<input type="checkbox"/> Food stamps
	<input type="checkbox"/> Medicaid
	<input type="checkbox"/> Assisted Housing
	<input type="checkbox"/> WIC

8 What is your household annual income (all income from anyone in the household over 18 years of age)?
\$ _____

9 If you are not employed, how long has it been since you have had a full-time job?
 0-12 months over 6 years
 1-3 years never had a job
 4-6 years

10 If you are not employed, what are the most serious problems or barriers preventing you from getting a job?
 Drugs/alcohol's addiction Availability of child care
 Criminal conviction record Lack of educational requirements
(i.e., High School diploma, GED)
 Poor employment record with job firings Lack of transportation
 Lack of work experience and job skills

11 Have you participated in any employment/training program (federal, state, local, or private) during the last twelve (12) months?
 Yes No

If your answer is yes, please check the ones which apply
 Employment training (JTPA, etc.) English As a Second Language
 Vocational education or rehabilitation Other (specify)
 Adult basic education (grade 0-8)

12 What type of work are you interested in? You may list more than one type.

13 What experience and/or skills do you currently have that will qualify you for your choice in work?

14 What experience and/or skills do you think you need for your choice in work (please do not include current experience)?

How would you rate your...	Excellent	Good	Poor
1 Writing skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Reading skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Speaking - oral communication skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Math skills - Financial management skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Listening skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Telephone skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Organizational skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Leadership skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Sense of responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Self Motivation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Decision making skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Problem solving skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work History: Please list any work experiences with the most recent position first and continue through the jobs held whether they were on a full-time or part-time basis (PLEASE FILL OUT FOR THIS APPLICATION TO BE VALID).

1 Title of Job: _____

 Place of Employment: _____

 Dates of Employment: _____

 Primary Duties: _____

2 Title of Job: _____

 Place of Employment: _____

 Dates of Employment: _____

 Primary Duties: _____

3 Title of Job: _____

 Place of Employment: _____

 Dates of Employment: _____

 Primary Duties: _____

4 Title of Job: _____

 Place of Employment: _____

 Dates of Employment: _____

 Primary Duties: _____
