



**Employment & Training Department
WIOA/Tribal Youth Program
Youth Interview
Pre-Assessment**



A. BACKGROUND: Please fill out the following information so we can get to know you better.

Full Name (Please print):	Age:	GRIC Member: Y/N	District: (1-7)	Last 4 Social Security #:

Please tell us about yourself. For example, what are your hobbies, school activities, favorite subject in school, family/friends, extracurricular activities (clubs, honor society, youth council)...

Why did you attend orientation today and how did you hear about the program? Have you applied for the youth program before? What year and what was the outcome?

B. EDUCATION: Please fill out all the information so we know your current status with school.

- | | | |
|---|--|--|
| <input type="checkbox"/> JR. High Student | <input type="checkbox"/> Boarding School Student | <input type="checkbox"/> College Student |
| <input type="checkbox"/> High School Student | <input type="checkbox"/> H.S. Graduate | <input type="checkbox"/> Do not attend school/Drop-Out |
| <input type="checkbox"/> Alternative School Student | <input type="checkbox"/> GED Graduate | <input type="checkbox"/> Need assistance to obtain GED |

Education Continued...

Name of School:	Date of Graduation:
Advisor's Name: List (P) # & Email Address:	Highest Grade Completed:

Will you be required to attend summer school? Please note start & end date for your summer classes.

What are your educational plans after graduating high school? College? Vocational Training? Employment? (Please be specific so we can assist you as needed...)

If you are an out of school youth, what are your plans to re-enroll into school or to obtain a GED, college degree...?

C. PERSONAL INFORMATION:

If you are a current or going to be college student, what colleges are you enrolled in or what school are you looking at?
(Local colleges/universities are ASU, U of A, NAU, CGCC, CAC, MCC, and SMCC...)

*****HEALTH*****

Do you have a physical disability? Y/N If YES, Please explain: _____

Do you have a Learning Disability? Y/N If YES, please explain: _____

Do you have a IEP at school? Y/N Could you provide a copy: _____

Do you have any health issues we should be aware of? Diabetes? Cancer? Allergies? Any major surgeries recently?

Do you have any mental health disorders in the past/present? (Depression, anxiety, anger issues) _____

Do you have a physical disability that prevents or limits your working ability? _____

*****CHILD CARE*****

Are you currently expecting or recently had a child? Y/N If YES, please explain: _____

If you have a child/children, how many and do you have reliable child care? _____

If you plan to work during the summer, how will you provide childcare for your child/children? _____

Do you need resources on childcare services for yourself and your family? Y/N _____

*****TRANSPORTATION & LEGAL MATTERS*****

Will you have reliable transportation? Y/N If No, how will you get to and from work? Please explain:

Do you have a driver's permit or driver's license? If YES, please list the following information:

Driver's Permit/License #:	Type:	Expiration Date:	State of License Issued:

If you do not have a permit/license and are of age to obtain one, what are your plans to obtaining one? _____

Have you ever been arrested or convicted of a crime on/off reservation? Y/N? Please explain. _____

Are you on probation? If YES, please list your probation officer's name/phone #: _____

Do you have fines that you need to pay? If YES, how much? _____

Are you apart of a juvenile system or attend juvenile court? Y/N _____

Are you affiliated with any gang? Y/N If YES, please explain _____

*****SUBSTANCE USE*****

Can you pass a pre-employment drug/alcohol test? YES? NO? If No, when was the last time you used? _____

Do you drink? YES? NO? If Yes, when was the last time you drank? _____

Are you willing to take a drug/alcohol test? YES? NO? If no, please explain: _____

**A positive drug-screen will not immediately terminate you from the program. However, we will refer you to the appropriate resource; we are here to help you. Your work experience placement will be suspended & you will still be required to attend mandatory workshops & activities.*

D. ASSESSMENT: Please answer to the best of your ability. Describe the skills you have.

Indicate how your skills were developed and the depth of the skills achieved.

√	Skills	Describe	√	Skills	Describe
	Typing			Carpentry	
	Filing			Plumbing	
	Computers			Drywall	
	Data Entry			Welding	
	Hospitality			Driving	
	Bookkeeping			Heavy Equipment	
	Accounting			Power Tools	
	Shipping/Receiving			Groundskeeper	
	Sales			Maintenance	
	Counseling			Electrical	
	Baby-sitting			Medical	
	Instructing			Other:	

COMPUTER SOFTWARE ASSESSMENT

Check the level of skill for each of the following:	NONE	BASIC	MODERATE	ADVANCED
ACCESS				
EXCEL				
INTERNET BROWSERS				
OUTLOOK				
POWERPOINT				
WORD				
E-MAIL				
PHOTOSHOP				
ILLUSTRATOR				

WORK READINESS SKILLS

	YES	NO
Do you have a resume?		
Do you need help with interviewing skills?		
Do you need help with filling out job applications?		
Do you know the appropriate appearance for the workplace?		
Do you complete all tasks given to you?		
Do you feel like you have a positive attitude?		
Are you able to answer & report to supervisors and staff?		

E. NON-TRADITIONAL JOBS & CAREER INTERESTS:

***Females must complete this portion only* Please ✓ area of interest.**

✓	OCCUPATIONS	✓	OCCUPATIONS	✓	OCCUPATIONS	✓	OCCUPATIONS
	Auto Parts Clerk		Corrections Officer		Security Guard		Pharmacist
	Bus or Van Driver		Mason		Cabinet Maker		Ranger
	Carpenter		Plumber		Maintenance Work		Air-Craft Mechanic
	Heavy Equipment Operator		Firefighter		Flagger		Appliance Repairer
	Machine Operator		Engineer		Surveyor		Chef
	Electrician		Police Officer		Computer Technician		Banker
	Welder		Laborer		Painter		Architect

***Males must complete this portion only* Please ✓ area of interest.**

✓	OCCUPATIONS	✓	OCCUPATIONS	✓	OCCUPATIONS	✓	OCCUPATIONS
	Housekeeper		Nurse		Hair Dresser		
	Secretary/Receptionist		Teacher		Performing Arts		
	Interior Designer		Cook				
	Other:						

F. RECOMMENDED PROGRAMS & WORKSITES: Where do you want to gain work skills???

Please select 3 main worksites where you would like to work this summer #1-3: For example, 1 being your highest interest & 3 being your least interest.

✓	Specialty Programs	✓	Job Title	✓	Specialty Programs	✓	Job Title
	Arts Program		Clerical		Community Garden		Junior Staff
	Ceramics Program		Recreation Aide		Culture Cooking Program		Warehouse Worker
	Edit Box/FILM 101		Van Driver Assistant		Health Care (must be 18 yrs old)		Teacher Assistant/Bus Monitor
	Building Trades		Cook Aide		Life Guard (must be 16 yrs old)		Finance Office Assistant
	First Responders		Laborer				Elderly Aide
			Custodian				GRIN Community Newsperson
			Fitness & Wellness				
			Library Assistant				
			Mail Clerk				

Note: All Specialty Programs are not guaranteed for placement each summer. Worksite placements are based on a first come first serve.

G. COMMITMENT & PARTICIPATION

Please tell us why you should be selected for this program? What are you hoping to get out of the program? For example, what type of leadership skills are you hoping to gain?

Youth Signature: _____ Date: _____

*****For Office Staff Use Only*****

Do you recommend the youth participant for program services? Circle your recommendation & please explain your reason to your decision:

YES: _____

NO: _____

Staff Initial: _____

Date: _____