

SNAP E&T ASSESSMENT AND EMPLOYMENT PLAN

*Required



Campus Location: Select

STUDENT INFORMATION

Term:	Year:	Date:	*DSS Client Number:
Banner I.D:	*Date of Birth:	Gender: ☐ Female ☐ Male ☐ Prefer not to say ☐ Other	
Race: Select	Ethnicity: Select	Primary Language: Select	
How did you hear about the program? ☐ Partner Advertising ☐ DSS ☐ Word of Mouth			

PERSONAL INFORMATION

*Last Name:	*First Name:	Middle Initial:
Street Address: (New Address)		
City:	State:	Zip:
Phone Number 1:	Phone Number 2:	Email Address:

***PROGRAM OF INTEREST**

Priority	Select Program
1.	Select
2.	Select
3.	Select

SUPPLEMENTAL INFORMATION

Do you have Wi-Fi access? ☐ Yes ☐ No	Do you have a laptop/desktop computer? ☐ Yes ☐ No
Transportation: ☐ Bus/Public Transportation ☐ Uber/Lyft ☐ Own Vehicle	
Household number of adults: _____ Number of children in the home: _____	
Notes:	

Continue on next page.

EDUCATIONAL INFORMATION

Do you have a ☐ HS Diploma or ☐ GED?	Do you have a resume? ☐ Yes ☐ No
What is your highest level of education?	Do you have any professional references? ☐ Yes ☐ No
What colleges have you attended?	Do you have any convictions? ☐ Yes ☐ No If yes, describe below in notes
Notes:	

EMPLOYMENT HISTORY

Are you currently employed? ☐ Yes ☐ No			
Employer Name:		Employer Name:	
Job Title:		Job Title:	
Start Date:	Hourly Wage:	Start Date:	Hourly Wage:
Hours Per Week:	Fringe Benefits: ☐ Yes ☐ No	Hours Per Week:	Fringe Benefits: ☐ Yes ☐ No
Are you currently receiving the following benefits? Unemployment Disability Social Security			

CAREER DEVELOPMENT

Please describe your career (short term/long-term professional) goals:
--

*Why do you want to participate in the program?

Continue on next page.

*Please list some of your strengths, skills and abilities that will help you reach your career goals.	
1.	4.
2.	5.
3.	6.

What have your previous experiences in school been like? *(Check all that apply)*

Rewarding

Encouraging

Frustrating

Fun

Challenging

Discouraging

Exciting

Easy

Difficult

What are potential obstacles and challenges that you may encounter in pursuing your career goals? *(Check all that apply)*

Time for school/work/family

Limited computer skills

Dependable childcare

Disability (physical, mental, learning)

Limited English proficiency

Reliable transportation

Other

Describe:

Alcohol/drug Issues

Academics/grades

Finances

Limited/negative work experience

Stable housing

Legal issues

STUDENT COMPLETION | FOR OFFICE USE ONLY

Withdrawal: Date: _____ Approved By: _____ Explanation:	Incomplete: Date: _____ Approved By: _____ Explanation:
Completion: Date: _____ Program: Select Approved By: _____ Consulting Appointment: Date: _____	
Program Approved Select Program Dates: _____ to _____	Key Train Assessment Scores Math: _____ Verbal: _____
Notes:	