



Career Planning Questionnaire

Name _____

Date _____

Directions

Please completely answer the following questions. The purpose is this questionnaire is to provide program staff with information needed to support your career goals. We recognize that some of the questions are personal. Your answers to these questions will remain confidential.

Background

1. Do you speak any language other than English? Yes ____ No ____

If yes, please list: _____

2. Are you able to provide documentation that allows you to work legally in the United States?

If yes, please list documentation: _____

3. Do you possess a valid driver license? Yes ____ No ____

If yes, please provide driver license number: _____

Expiration date: _____

4. Do you own a vehicle? Yes ____ No ____

5. If *no*, please describe the type of transportation that you typically use:

Preparation

6. Have you participated in or completed a school-based job preparation program (Job Corps, YouthBuild, R.O.P., work study)? Yes ____ No ____

If yes, please describe: _____

7. Have you participated in or completed any job-preparation programs related to you receiving public assistance (ex. GAIN)? Yes ____ No ____

If yes, please describe: _____

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8. Have you participated in or completed any pre-apprenticeship or apprenticeship programs that prepares individuals for careers in specific industries (ex. construction)? Yes ____ No ____

If yes, please describe: _____

9. Are you a veteran? Yes ____ No ____

If yes, please explain any job training you received: _____

Were you ever incarcerated? Yes ____ No ____

10. If yes, please explain any job training you received: _____

11. Do you need legal help to clear up or remove anything in your legal record?

Yes ____ No ____

12. Have you ever participated in athletics in a formal league, association, or federation? Yes ____ No ____

If yes, please describe: _____

13. List any certifications, degrees or awards received: _____

Work History

14. Are you currently working? Yes ____ No ____

15. Have you ever held a paying job? Yes ____ No ____

If yes, please provide the following information about your work history:

Most recent job, including current job if you are now employed:

a. Employer: _____

b. Job Title: _____

c. Job Duties _____

d. Average number of hours worked per week: _____

e. Starting Month and Year: Month _____ Year _____

f. Ending Month and Year: Month _____ Year _____

g. Last Hourly or Monthly Wage: \$ _____

Previous job:

- a. Employer: _____
- b. Job Title: _____
- c. Job Duties _____
- d. Average number of hours worked per week: _____
- e. Starting Month and Year: Month _____ Year _____
- f. Ending Month and Year: Month _____ Year _____
- g. Last Hourly or Monthly Wage: \$ _____

Previous job:

- a. Employer: _____
- b. Job Title: _____
- c. Job Duties _____
- d. Average number of hours worked per week: _____
- e. Starting Month and Year: Month _____ Year _____
- f. Ending Month and Year: Month _____ Year _____
- g. Last Hourly or Monthly Wage: \$ _____

16. Have you ever owned a business? Yes ___ No ___ If yes, please provide:

- a. Name of Business: _____
- b. Type of Business: _____
- c. Starting Month and Year: Month _____ Year _____
- d. Ending Month and Year: Month _____ Year _____

16. If you have worked before but are not working now, please check all of the reasons that apply:

- ___ Laid-off because of COVID-19 ___ Laid off due to company downsizing
- ___ No jobs available ___ Inadequate education, experience or skills
- ___ Physical health ___ Mental health/stress ___ Alcohol/drugs
- ___ Laid-off due to poor job performance ___ Did not pass drug test
- ___ Interpersonal conflicts ___ Insubordination ___ Tardiness/absence

- Criminal record Did not like the work Do not want to work
 Schedule/shift issues Too busy to work Returned to school
 No transportation No permanent housing

Other reason: _____

Income and Benefits

17. Please list the sources and amounts of your current monthly income and the benefits you receive:

- a. Employment: \$ _____ per month
- b. Student grants: \$ _____ per month
- c. Supplemental Security Income: \$ _____ per month
- d. Veterans benefits: \$ _____ per month
- e. General Relief: \$ _____ per month
- f. CalWORKS: \$ _____ per month
- g. Workers Compensation: \$ _____ per month
- h. Disability Insurance: \$ _____ per month
- i. Unemployment Insurance: \$ _____ per month
- j. Child support: \$ _____ per month
- k. Other: \$ _____ per month
- l. Are you covered by Medi-Cal health insurance? Yes No
- m. Are you receiving SNAP (Food Stamp) benefits? Yes No

Skills

18. Do you have experience operating a vehicle for work? Yes No

If yes, please describe: _____

19. Do you have experience handling money for work? Yes No

If yes, please describe: _____

20. Do you have customer service experience? Yes No

If yes, please describe: _____

21. Have you served as a caregiver to an adult or child? Yes No

If yes, please describe: _____

22. Do you have experience using office software, for example, Google Drive or Microsoft Office? Yes ____ No ____ If yes, please describe:

23. Do you have experience using power or hand tools? Yes ____ No ____

If yes, please describe: _____

24. Do you have experience reading instructions or reports?

Yes ____ No ____ If yes, please describe: _____

25. Do you have experience filling out forms? Yes ____ No ____

26. If yes, please describe: _____

27. Do you have experience writing business letters or memorandums?

Yes ____ No ____ If yes, please describe: _____

28. Do you have experience supervising people who reported to you?

Yes ____ No ____ If yes, please describe: _____

29. Have you contributed to a local community event? Yes ____ No ____

If yes, please describe: _____

Education

30. What is the highest grade you have completed? _____

31. Do you have a high school diploma or GED equivalency? Yes ____ No ____

If yes, from where: _____

32. Do you have a vocational, technical or trade school certificate?

Yes ____ No ____ If yes, from where: _____

33. Are you currently enrolled at Long Beach City College? Yes ____ No ____

a. Please list the courses you are taking: _____

b. What is your degree goal? _____

34. If you would like to have tutoring support, please indicate which area:

Writing skills ____ Basic math ____ College course: _____

35. Have you taken a standardized exam for admission into an undergraduate or graduate level program? Yes___ No___

If yes, please list the name(s) of the exam(s): _____

Score(s) for the exam(s): _____

Reading

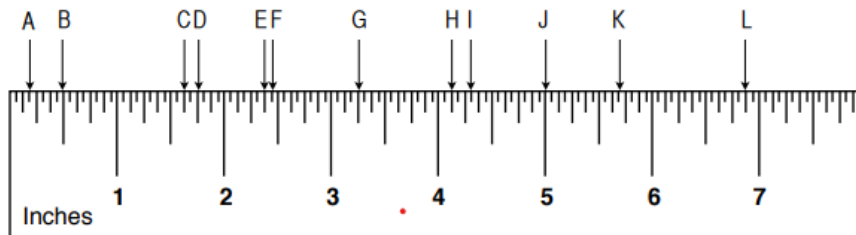
36. Read the following passage and answer the question below:

Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction.

What does this passage mean and why is it important today?

Math

37. Write the correct measurement next to the appropriate letter:



A _____

B _____

C _____

D _____

E _____

F _____

G _____

H _____

I _____

J _____

K _____

L _____

Algebra

38. $Y + 25 = -6$ What is Y? _____
39. A number decreased by 19 is 35. What is the number? _____
40. Rocky Mountain Savings pays 6% annual interest on savings accounts. How much interest did Jane earn on her savings account of \$1,550? \$ _____

Health and Wellness

41. Do you have medical insurance? Yes ____ No ____
If yes, please provide the name of the insurer: _____
42. Do you have dental insurance? Yes ____ No ____
If yes, please provide the name of the insurer: _____
43. Do you have any medical conditions that may impact your ability to stand or lift materials for long periods of time? Yes ____ No ____ If yes, please describe: _____
44. Please circle the heaviest weight below that you can lift:
a. 1 to 10 pounds
b. 10 to 25 pounds
c. 26 to 50 pounds
45. Do you have any disabilities that will require accommodations at work?
Yes ____ No ____ If yes, please describe: _____

46. Do you take medication? Yes ____ No ____
If yes, please list medications: _____
47. Do you have any dietary restrictions? Yes ____ No ____
If yes, please describe: _____
48. Do you have any allergies? Yes ____ No ____
If yes, please describe: _____
49. Have you ever tested positive for COVID-19? Yes ____ No ____
50. Have you been in contact with someone who tested positive for COVID-19 within the last two weeks? Yes ____ No ____

51. Do you have a doctor who you see regularly? Yes ____ No ____

If yes, who: _____

52. Do you have any health issues or concerns that need medical attention?

Yes ____ No ____

53. Do you have any dental problems that need attention? Yes ____ No ____

Interests

54. What do you currently do for fun? _____

55. Do you read newspapers, magazines or books? Yes ____ No ____

Career Goals

56. What are your strengths? _____

57. What are your best attributes? _____

58. Where do you need to improve your abilities? _____

59. What did you like best about past work you have done? _____

60. What did you like least? _____

61. What type of environment do you work best in? _____

62. What type of work environment would not be a good match for you? _____

63. Do you like working with people or independently? _____

64. What type of job(s) are you interested in? _____

65. What is your dream job? _____

Other Comments

66. Please provide any other information that is important for understanding who you are and what you want to do in life? _____
