



Veteran Initial Assessment:

Please take your time to answer each question to the best of your ability. The assessment will be used to determine if you meet the qualifications as defined by Veteran Program Letter (VPL) 03-14,03-14 Change 1 & 2, 04-14, 08-14 and Training and Employment Guidance Letter (TEGL) 19-13 Change 1 & 2 ,20-13, and 38 USC 41 & 42 which govern the Disabled Veteran Outreach Program (DVOP) staff.

Name:	SSN: (Last 4)	DOB:	/	/
Email:	Phone:	()	-
Address:	Apt#:	City:	State:	Zip:
Emergency Contact Name:	Relationship:			
Home Phone:	()	-	Cell Phone:
Branch of Service:	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Coast Guard			
Service Begin Date(s):	Service End Date(s):			
Status of <u>Most Recent</u> Discharge:	<input type="checkbox"/> Honorable		<input type="checkbox"/> Other (please explain):	

1. Are you registered in Employ Florida Marketplace? Yes No

2. Please check all of the following that may apply to you.

<input type="checkbox"/> 1. Do you have a current or pending Service Connected Disability (SCD)? _____% <input type="checkbox"/> 2. Recently-separated (36 months or less), who has been unemployed for 27 or more weeks at any point in the last 12 months. <input type="checkbox"/> 3. An offender who is currently incarcerated or who has been released from incarceration <input type="checkbox"/> 4. Homeless or expect to become homeless in the next 14 days, fleeing, or are attempting to flee: domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing <input type="checkbox"/> 5. Lack a High School Diploma or equivalent certificate <input type="checkbox"/> 6. Low Income: Enter Family # Size _____ Enter Annual Income _____ (See 6a chart) <input type="checkbox"/> 7. Veteran ages 18-24 years old <input type="checkbox"/> 8. A transitioning Service Member <input type="checkbox"/> 9. A Veterans' Family "Care Giver" <input type="checkbox"/> 10. Are you receiving care in a Military Treatment Facility (MTF) or Wounded Warrior Transition unit (WWTU)?	6a. Low Income	
	FAMILY UNIT SIZE	Annual Income/ 6 Month Income
	1	11,880 / 5,940
	2	16,020 / 8,010
	3	20,300 / 10,150
	4	25,062 / 12,531
	5	29,579 / 14,790
	6	34,595 / 17,298
	7	39,611 / 19,806
	8	44,627 / 22,314
For each additional person in a family above eight, add \$5,016 (annually) per person.		

3. Are you the spouse of a Veteran with 100% Service Connected Disability, or died of SCD, or while SCD was in existence, Missing In Action or captured in line of duty by a hostile force or detained in line of duty by a foreign government or power? Yes No

4. Are any physical or mental challenges holding you back from obtaining your primary employment? Yes No

5. Highest Education Completed: Less than HS High School or GED Associate Bachelor Master Doctorate

6. What was your primary military occupation or current civilian occupation?

a. Do you have the training, skills and abilities to continue in this primary occupation? If No, please list which skills you need to update below.

b. What transferable skills do you have from this occupation?

7. If you cannot find a job in your primary occupation, what is your desired occupation?

a. Do you have the training, skills and abilities for this desired occupation? If not, explain.

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8. Do you have a résumé? If Yes, is the résumé available in electronic format?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No		
9. How many employers have you worked for in the past 10 years?				
10. Rate your proficiency for each Microsoft Office program. Check those that apply.				
OUTLOOK	<input type="checkbox"/> Never Used	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
WORD	<input type="checkbox"/> Never Used	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
EXCEL	<input type="checkbox"/> Never Used	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
POWERPOINT	<input type="checkbox"/> Never Used	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
ACCESS	<input type="checkbox"/> Never Used	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
PROJECT	<input type="checkbox"/> Never Used	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
11. What skills or knowledge do you have that will help you get a job? (Strengths)				
<input type="checkbox"/> Active Listening <input type="checkbox"/> Electronics <input type="checkbox"/> HR Policy & Procedure <input type="checkbox"/> Organization <input type="checkbox"/> Communication <input type="checkbox"/> Equipment Operation <input type="checkbox"/> Leadership <input type="checkbox"/> Planning <input type="checkbox"/> Computers <input type="checkbox"/> Facilitating <input type="checkbox"/> Manufacturing <input type="checkbox"/> Problem Solving <input type="checkbox"/> Construction <input type="checkbox"/> Finance <input type="checkbox"/> Math <input type="checkbox"/> Creativity <input type="checkbox"/> General Administrative <input type="checkbox"/> Networking <input type="checkbox"/> Other (please explain): _____				
12. Why do you think you have been unable to get a job? (Weaknesses)				
<input type="checkbox"/> Lack Current Certification <input type="checkbox"/> Limited Computer Skills <input type="checkbox"/> Outdated Resume <input type="checkbox"/> Lack of Related Skills <input type="checkbox"/> Limited Education <input type="checkbox"/> No Resume <input type="checkbox"/> Lack of Work History <input type="checkbox"/> Market Saturated <input type="checkbox"/> Unrealistic Pay Expectations <input type="checkbox"/> Other (please explain): _____				
13. What help do you feel you need to find a job?				
<input type="checkbox"/> Basic Computer Training <input type="checkbox"/> Employability Workshops <input type="checkbox"/> Job Leads <input type="checkbox"/> Resume Assistance <input type="checkbox"/> EFM Navigation <input type="checkbox"/> Interview Practice <input type="checkbox"/> Networking <input type="checkbox"/> Training <input type="checkbox"/> Other (please explain): _____				
14. What are your next steps to return to work? (What's your plan?) _____ _____				
15. Are you ready and willing to seek employment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Are you willing to work with DVOP Specialist?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Are you in need of Credit or Financial Coaching?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acknowledgement Statement				
1. I understand that in order to participate in this program securing employment must be a top priority. 2. I understand that it is my responsibility that I respond to any contact attempts from staff as failure to do so can result in my termination from the program. 3. I also understand that it is my responsibility to communicate and inform my DVOP Representative if my employment status changes at any point during my program participation by phone, email or both. This pertains to any type of employment including that which is obtained through my own efforts or through the assistance of CareerSource Pinellas staff. I will be required to provide specific information including: Employer Name, Contact Information, Job Title, Start Date, Rate of Pay, etc. <i>By my signature below I attest to the accuracy of the information provided on this assessment.</i>				
_____ Applicant Signature		_____ / ____ / ____ Date		
_____ CareerSource Pinellas Signature		_____ / ____ / ____ Date		
Office Use Only:				
Results: SBE: Y / N Referred to DVOP: Y / N Date scanned to ATLAS: ____ / ____ / ____ Additional Notes: _____ _____				