Ex-Offender Job Readiness Self-Assessment

Full Name
Contact Information
Employment History Most Recent Job Title
Duration of Last Job (months)
Skills Used or Learned
Education & Training Highest Level of Education Completed
Certificates or Training Programs Completed
Job Readiness Assessment Do you have a current resume?
Describe your experience with job interviews
What barriers (if any) do you feel you face in obtaining employment?
Personal strengths that would help you get a job

Support Needs What services or support do you feel would help your job search?