

## Network Up Application and Assessment Form

### Part One

#### Personal Data:

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date (optional): \_\_\_\_\_ Gender:  Male  Female

Are you currently employed?  Yes  No If yes,  Full Time or  Part Time

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you a veteran:  Yes  No

Ethnic Background:  Native American/Alaska Native  Hawaiian Native/Pacific Islander  
 Caucasian  Asian  African American  Hispanic/Latina  Other

Marital Status:  Single  Married  Separated  Divorced  Widowed

# Dependent Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Annual Household Salary: \_\_\_\_\_

How did you hear about Network Up?: \_\_\_\_\_

***In order to qualify for Network Up, you must meet all of the following requirements. Please check the line to indicate that you have met the qualification:***

- Have a minimum of a high school diploma or GED;
- Have basic computer skills, reliable internet access, and a professional-looking email address;
- Have a reliable source of transportation;
- No criminal record;
- Have specific career goals and/or a desired job sector identified;
- Be highly motivated to find employment and committed to completing the Network Up program;
- Have a current completed resume; and
- Have a professional demeanor and a positive attitude.

#### **Work History (Please list previous two jobs and/or attach a current resume):**

Dates	Employer	Job Title	Reasons for Leaving

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**Education History:**

HS Diploma: \_\_\_\_ Yes \_\_\_\_ No      GED: \_\_\_\_ Yes \_\_\_\_ No      Year of Diploma/GED: \_\_\_\_\_

College, # yrs completed: \_\_\_\_\_ Major \_\_\_\_\_

Name of College: \_\_\_\_\_ Degree: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Vocational/Enrichment Training # yrs completed: \_\_\_\_\_ Curriculum: \_\_\_\_\_

Name of Vocational/Enrichment School: \_\_\_\_\_

**Employment Goals:**

What type of work do you want to do (job sector/industry)? Be specific:

\_\_\_\_\_

List any barriers to employment that you have faced:

\_\_\_\_\_

List your work-related skills and/or hobbies:

\_\_\_\_\_

**Conditions / Limitations:**

Do you have any physical limitations that may interfere with your ability to perform certain types of work?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

I am serious about participating in Network Up and will comply by the rules of the program.

## Part Two:

### Work Readiness Assessment:

As a job seeker I:	Strongly Agree	Agree	Disagree	Strongly Disagree	Explanation:
Am aware of my skills, strengths and limitations.					
Am aware of and utilizing job search resources and websites.					
Am motivated to find and maintain employment.					
Am able to express my professional value to peers and employers.					
Have a LinkedIn account and profile.					

As a job seeker, I have the following skills aligned with the occupation I am pursuing:	Yes	No	Explanation:
Communication Skills			
Computer Skills			
Interview Skills			
Job-Specific Skills			

If applicable, I have addressed or have a plan in place for:	Yes	No	Explanation:
Computer and internet access for job searching			
Childcare			
Transportation			
Other barriers to employment which I have encountered			

Other	Yes	No	Explanation:
I have the education level consistent with requirements for chosen occupation?			
I have positive prior work or related volunteer experience?			

What steps have you taken to reach your employment goal:

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Do you have a professional network: \_\_\_ Yes \_\_\_ No

If so, approximately how many connections do you have in your professional network: \_\_\_\_\_

How can a mentor assist you (check all that apply):

\_\_\_ Organizational skills      \_\_\_ Time management      \_\_\_ Job contacts and opportunities

\_\_\_ Presenting yourself      \_\_\_ Resume and cover letter      \_\_\_ Conversational skills

\_\_\_ Networking      \_\_\_ Other: \_\_\_\_\_

**Please certify below:**

\_\_\_\_\_ I certify that all of the information provided on this form is accurate and true.

\_\_\_\_\_ I give my permission to Britepaths to share this form with my mentor.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to: Jill Beres, Workforce Development Manager, [jberes@britepaths.org](mailto:jberes@britepaths.org), Fax 703-273-7171