UPPER SHORE WORKFORCE SCHOLARSHIP OFFICE CAREER CONVERSATION QUESTIONNAIRE

1. Name:

	Training Desi							
	Educational Institution attending:							
4.	Have you obtained funding from the Workforce Office previously? YES NO (Circle or underline) If yes, for what training and when. Explain.							
	undernine	ii yes, ioi wilat traiii	ing and when	i. Lapic	••••			
5.	Your Address	:						
6.	Phone Numb	er:	Home phone	:	Cellphone	e (Cire	cle or unde	erline)
	How long have you had this phone number? Has it been a challenge to maintain the cost of cellphone service each month? YES NC							
	If yes, when is the best time of the month to reach you? Please provide an alternate phone number for question 9.							
	Alternate pho		Contact person:					
	Email Address	-						
	Age if under 2	re you had this email a 25:	ddress?					
13.	Do you have	a need for language as	sistance?	YES	N	0	(Circle or u	ınderline)
14.	Are you regis	tered with Selective S	ervice?	YES	N	0	(Circle or u	underline)
15.	-	hear about the Upper ? Be Specific. Who d			-		_	y from?

EDUCATION

Past Education

16. Do you have a high school diploma?	YES	NO	(Circle or underline)
If no, what prevented you from receiving your	diploma?		

17. Are you attending any Adult Education classes? YES NO (Circle or underline)

If no, are you interested in making this an educational goal? YES NO

18. Do/Did you attend college? Still attending Some college Associate Master's Bachelor's Doctorate (Circle or underline all that apply)

If so, what is/was your major(s)?

19. List all certifications and licensing.

Present Training Request

- 20. After speaking with an advisor or researching the training desired from your chosen educational institution, what must be completed to be accepted into the class?
 - -List all pre-requisites and requirements.
 - -Provide specific class information, projected start date, number of days attending, hours, and the class format (*in-person*, *hybrid*, *online*).
- 21. Are you required to complete a placement test? If so, were you able to enter the training program?

22. Why is you	raining choice a 'good fit' for you?
CAREER PREP	
each catego discuss the i analyzer, if i	EST ANALYZER (ONET) RESULTS: Study the results upon completion; understand by clicking on the word; review the jobs generated for you. Be prepared to sults. Please provide the scores. (Please retake the ONET, the work interest has not been taken within two years from the date of your most recent scores or integrated in a different career path)
Realistic	Social
Investigative	Artistic
Conventional	Enterprising
	ng your scores and the brief description of each category given by clicking on the MWE account, what did you learn about yourself after completing the Work yzer, ONET?
25. What are yo	ur career goals for the next 6 months/5 years?
_	plan to reach your 6 month and 5-year goals? Research and map out your caree m 6 months to 5 years. Be specific.

27.	What do you know about the employment opportunities for your desired training choice in the 5-county service areas, Caroline, Dorchester, Kent, Queen Anne's, and Talbot counties? Research the job opportunities for your training choice. Provide the names of (5) companies hiring in your desired career field. (located in the 5-county service area or an area you are willing to commute to) Include the name of the company, position, and business locationWill this opportunity mean an advancement on your current job? Be specific.
28.	What resources, Maryland Workforce Exchange, websites, newspapers, etc., did you use to research employment opportunities in the areas indicated in question 27?
29.	List a few key skills and accomplishments needed for your new career training choice located in the job descriptions from the research (reviewing the job descriptions) completed in question 27? -Do you possess some of the key skills needed to obtain employment in this field?

EMPLOYMENT HISTORY

30.	Do you currently work: underline)	Full-time	Part-time	Unemployed	(Circle or
31.	(Start with the most received your most recent employ experiences.				•
Job Titl Employ	of Company: le: yment Duration: ob duties:				
Job Titl Employ	of Company: le: yment Duration: ob duties:				
Job Titl Employ	of Company: e: yment Duration: ob duties:				
OTHER	QUESTIONS: (Circle or und	derline your a	nswer choice)		
33. 34. 35. 36.	Have you ever been expo Do you have a document Are there any reasonable Do you have a need for la Are you homeless? Are you pregnant?	ed disability? accommodat	tions necessary?	YI YI YI YI	ES NO ES NO ES NO ES NO ES NO ES NO

38.	Are you parenting?			YES	NO
	If so, will childcare be an issue while you at	tend classes? I	Explain.		
39.	Are you receiving TANF OR SNAP?				
40.	Do you have reliable transportation?	YES	NO	(Circle or un	derline)
	If no, how will you get to class or employme	ent?			
41.	How far and what areas are you willing to c	Irive to school	or employm	ent?	

42. Do you know of anything that will impact your success in the training program?