

## Customer Service Assessment

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

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

Telephone Number: \_\_\_\_\_ Message Number: \_\_\_\_\_

Email: \_\_\_\_\_ Are you under age 25? Yes ☐ No ☐

How can Susquehanna Workforce Center Services help you today? \_\_\_\_\_  
\_\_\_\_\_

### Work History

Are you currently working? Yes ☐ No ☐ Layoff Date: \_\_\_\_\_

Please list your current or most recent job information:

Employer name: \_\_\_\_\_ Employer city, state: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_

Hourly wage: \_\_\_\_\_ Work hours per week: \_\_\_\_\_

*If you are no longer employed:*

Last day worked: \_\_\_\_\_ Months or years worked: \_\_\_\_\_

Reason job ended: \_\_\_\_\_

Are you a Veteran? Yes ☐ No ☐

**Unemployment Insurance Status** (check one): Filed ☐ Receiving ☐ Exhausted ☐ Not eligible ☐

### Education

Highest grade level completed: \_\_\_\_\_ Program: \_\_\_\_\_ Year completed: \_\_\_\_\_

If outside the US, what country? \_\_\_\_\_

Currently attending school? Yes ☐ No ☐ If so, where and what program: \_\_\_\_\_  
\_\_\_\_\_

**Previous Career Development** (*professional licenses, certifications, certificates, occupational credential*) that may not be listed on your résumé. Please list whether it is current or expired:

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### About Your Job Search and Career Goals

What type of job, by title, are you looking for? \_\_\_\_\_

What salary are you seeking? \_\_\_\_\_ How far are you willing to commute? \_\_\_\_\_

Job Search efforts to date (*Approximate jobs applied for per week, employer responses, interviews, interview results.*) \_\_\_\_\_

What job search methods have you tried (*newspaper, internet, etc.*)? \_\_\_\_\_

### Skills

Strongest work skills: \_\_\_\_\_

Do you need more training or a certification to be more marketable? Yes ☐ No ☐

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

**Other agencies you are working with** (*DORS, Community Action Agency, Social Services, Housing, Community or Faith Based Organizations, etc.*) \_\_\_\_\_

Has the COVID 19 Pandemic Impacted You and/or Your Family? Yes ☐ No ☐

(Check all that apply) How has the pandemic impacted you? Health / Mental Health ☐

Food Insecurity ☐ Lost Child / Adult Care ☐ Lost rent ☐ Left Labor Force ☐

Credit Score Damage ☐ Lost upward mobility in career ☐ Lost Job ☐

Other ☐ \_\_\_\_\_

The information provided on this form may be used to quickly enroll you into any of a variety of programs and services that can help you in your job search and training efforts.

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

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

9/10/2021