



Welcome the stranger.
Protect the refugee.

Career Mentee Questionnaire: Employment Goals

Name of client: _____

Does anyone rely on you for financial support: Yes _____ No _____ Who? _____

Are you looking for: Full-time _____ Part-time _____ Either _____

What hours of the day can you work? _____

Experience: Entry Level _____ Some Work Experience _____ 3+ Years Experience in U.S. _____

What is your *dream* job? _____

Why? What do you like about that job? _____

Specific jobs you are interested in applying, have applied for, or have heard about:

Jobs/industries you are willing or interested in working in: _____

Are you interested in...

Custodial/Housekeeping:	Yes _____	No _____
Cashier/Money Handler:	Yes _____	No _____
Food Service:	Yes _____	No _____
Landscaping / Outdoor:	Yes _____	No _____

Retail: Yes _____ No _____
Hospitality, Yes _____ No _____
Customer Service:
IT/Tech: Yes _____ No _____
Healthcare: Yes _____ No _____
Banking: Yes _____ No _____
Cosmetology: Yes _____ No _____
Sewing/Tailoring: Yes _____ No _____
Vocational: Construction, Yes _____ No _____
Plumbing, Carpentry,
Electric, Exterminator

How do you feel about...

Working with women/having a female supervisor: Yes _____ No _____

Working with men/having a male supervisor: Yes _____ No _____

Working for a supervisor who is younger than you: Yes _____ No _____

Working alone: Yes _____ No _____

Working overnight: Yes _____ No _____

Working early mornings: Yes _____ No _____ How Early: _____

Working Weekends: Yes _____ No _____

Being on your feet a lot: Yes _____ No _____

Loud noises/very noisy: Yes _____ No _____

Getting dirty: Yes _____ No _____

Wearing a uniform: Yes _____ No _____

Lifting heavy objects: Yes _____ No _____ Weight Limit: _____

Cleaning up after people: Yes _____ No _____

Working with elderly people: Yes _____ No _____

Working with computers: Yes _____ No _____

Language

What languages do you speak?: _____

Language 1 proficiency: _____

Language 2 proficiency: _____

Budgeting/Household Expenses:

How much do you spend each month on the following?

Apartment/Shelter	
Electric bill	
Gas bill	
Water bill	
Phone bill	
Food	
Personal items	
Transportation	
Child care or school for children	
Education or professional certifications	
Other	
Total expenses per month	

Does anyone else in your household make an income? If so, how much do they make per month that contributes to your expenses?

\$ _____ ?

If you are currently working, how much do you make per month that contributes to your expenses?

\$ _____ ?

Calculate: total current household income – total expenses per month:

\$ _____ left over each month.

Due to your monthly expenses, what is the minimum wage per hour you can accept:

\$ _____ ?

Employment Action Plan Worksheet

GOAL	ACTION	DEADLINE	DATE OF COMPLETION
Ex: Create appropriate resume for American workforce	Ex: Review and make edits to existing resume from Iraq	Ex: Thursday, August 3	Ex: August 2