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____

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Retail: Yes____ No____
Hospitality: Yes____ No____
Customer Service: Yes____ No____
IT/Tech: Yes____ No____
Healthcare: Yes____ No____
Banking: Yes____ No____
Cosmetology: Yes____ No____
Sewing/Tailoring: Yes____ No____
Vocational: Construction, 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____

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**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?

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartment/Shelter</td>
<td></td>
</tr>
<tr>
<td>Electric bill</td>
<td></td>
</tr>
<tr>
<td>Gas bill</td>
<td></td>
</tr>
<tr>
<td>Water bill</td>
<td></td>
</tr>
<tr>
<td>Phone bill</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Personal items</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Child care or school for children</td>
<td></td>
</tr>
<tr>
<td>Education or professional certifications</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>Total expenses per month</strong></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>GOAL</th>
<th>ACTION</th>
<th>DEADLINE</th>
<th>DATE OF COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Create appropriate resume for American workforce</td>
<td>Ex: Review and make edits to existing resume from Iraq</td>
<td>Ex: Thursday, August 3</td>
<td>Ex: August 2</td>
</tr>
</tbody>
</table>

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