

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:

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