



Name _____

WIA Suitability Questionnaire

The following questions are asked to determine your suitability for possible WIA funded training and supportive services. These questions are meant to stimulate a thorough conversation between you and your Counselor. While there may be no “right” or “wrong” answers, it is expected that you and your Counselor will discuss the responses you have provided.

1. For what training are you currently applying?
School _____ Course(s) _____
Location _____ Dates _____

2. Do you have any previous experience in this field? Explain. _____

3. Have you researched the career path you are seeking training in? Yes No
How did you research? _____
What are your expectations regarding the following:
Estimated Starting Wage _____
Work Environment _____
Basic Duties/Responsibilities _____
Skills, Credentials & Educational Requirements _____
4. What were the circumstances surrounding your departure from your last job?

5. Are you able to return to your former occupation/industry and what was that occupation? _____

6. Do you have an updated resume and cover letter prepared? _____
7. What is your short-term employment goal? _____
8. What is your long-term employment goal? _____



Name _____

9. What employers do you plan to target upon completion of training? You must provide 3 employers unless you note you have an offer upon completion of training.

1- _____

2- _____

3- _____

10. Do you have an e-mail account (how do you access your e-mail) and reliable/accessible job search phone access? _____

11. Do you have child(ren) who will be in need of daycare during the training period and if so what is the plan?

Provider _____

Transportation _____

Cost _____

Do you receive any government aid or are you in need of any assistance? _____

12. Have you completed a job shadowing experience? Yes No

If so, what employer(s) and when? _____

13. Are you a resident of Chemung, Schuyler or Steuben County and for how long?

14. What is your current housing situation? _____

15. Do you have any pending medical or family issues that are not resolved that may prevent you from starting or completing training at this time? Yes No If yes, explain. _____

16. If you are working part-time, what is your schedule and will your employer provide written approval to allow you to attend the proposed training around your work hours? Yes No

17. Do you have a current, valid driver license and if not what is your transportation plan to complete training and obtain employment? _____



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18. Do you have any current or pending restrictions on your state driver license which may hinder you from attaining employment in specific career fields? Yes No

If so, what restriction(s)? _____

19. Do you have ANY obstacles, barriers, or restrictions that could limit you in this occupation?

Yes No If so, what is the restriction(s)? _____

20. If an employer requested a background check on you prior to hire, would they find anything that would hinder you from getting employment in this career field? Yes No

Please note that all confidential issues will be discussed privately with your counselor.

21. It is essential that, financially, your family can remain stable throughout the entire training period. Therefore establishing or reviewing a simple budget will outline where you are and determine what supportive services may/may not be needed.

Please complete the following draft budget. It is important to know what your income sources are & will be during the training period so we can help you better prepare for and have successful outcomes. *(Examples would include, but may not be limited to Unemployment benefits, personal savings, family support, part-time work, etc.)* If you are utilizing unemployment, what date did you begin? _____

BASIC BUDGET

Monthly Income Sources	Monthly Expenses	Monthly Output
	Housing	
	Gas/Electric	
	Food	
	Internet/Cable	
	Transportation	
	Entertainment/Other	
	Daycare/Children	
	Other	
Total Monthly \$		Total Monthly \$



Name _____

Applicant: In your own words, please write a brief summary of why you need, and feel you would benefit from, WIA funded training. (*You may attach additional sheets if necessary.*)

I, the Applicant attest that the information I have shared with the Counselor in the preparation of this Suitability Questionnaire is accurate and complete, and does not contain any false, misleading or incomplete information.

 (Applicant)

 (Date)