

Discovery Activity **Work Considerations**

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING EMPLOYMENT:

DISABILITY RELATED FACTORS

Do you have medical/work restrictions that we need to consider as you prepare for, get, or keep the job you have selected? Yes No

FINANCIAL FACTORS

Do you have benefits that may be affected by working? Yes No

Can you financially support yourself while you complete the steps necessary to prepare for, find, keep, retain, or regain the job you have selected? Yes No

DAILY LIVING FACTORS

Is there anything pertaining to your daily living that will affect you preparing for, obtaining, and maintaining this job? Yes No

- Getting in and out of your home, getting to all parts of your home
- Childcare
- Housing
- Dress or hygiene

AGENCY FACTORS

Are there other agencies or programs that could or will support you as you prepare for and look for the job you have selected? Yes No

WORK HISTORY FACTORS

As you pursue your job goal is there anything in your work history that will need to be explained to an employer in your resume or job interview? (i.e. termination, gaps in employment, disciplinary action, etc.) Yes No

JOB SEEKING FACTORS

Is there anything you can think of that might affect your getting the job you have selected? Yes No

- Knowing how to explain legal convictions
- Clothes to wear to work or an interview
- I-9 Documentation
- Phone/e-mail
- Knowing how to find a job
- Knowing how to write a resume or complete an application
- Knowing how to explain my disability in an interview
- Passing a drug screening
- Transportation (drivers license, insurance, vehicle, access to public transportation, etc.)

JOB KEEPING FACTORS

If there have been things on previous jobs that made it difficult for you to complete your job duties, or do your best work, will they affect your performance on the job you have selected? Yes No

JOB ADVANCEMENT

Do you anticipate or have you experienced difficulty advancing in a job? Yes No

* **JOB LOCATION**

Discovery Activity - Work Considerations (continued)

Check the areas you are willing to work in Nebraska.

- | | | | |
|---------------------------------------|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Beatrice | <input type="checkbox"/> Hastings | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Sidney |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Kearney | <input type="checkbox"/> North Platte | <input type="checkbox"/> York |
| <input type="checkbox"/> Fremont | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Omaha | <input type="checkbox"/> Any Nebraska Location |
| <input type="checkbox"/> Grand Island | <input type="checkbox"/> McCook | <input type="checkbox"/> Scottsbluff | |
| <input type="checkbox"/> Other: _____ | | | |

* **TRANSPORTATION**Do you have a driver's license? YES NODo you have restrictions on your driver's license? YES NODo you have a license to drive other vehicles such as CDL, motorcycle, bus etc.? YES NOIf yes, what type of license? _____ Do you have reliable transportation available? YES NOIf yes, what kind? Bus Car (Family/Friends Drive) Car (I Drive) Handivan/Para Transit**BACKGROUND CHECKS**Can you pass a drug screening? YES NODo you have criminal convictions (other than traffic violations)? YES NOIf yes, please describe the type of offense, location where the offense took place, the conviction date, and if it was a felony or misdemeanor:

_____Were you seen in Juvenile or Adult court?
_____Do you have any motor vehicle convictions? (Example: DUI, DWI or reckless driving?) YES NOIf yes, please explain:
_____Have you ever been incarcerated? YES NOAre you currently listed on the Adult or Child Abuse/Neglect Registry? YES NOIf you are male and 18, are you registered for the Selective Service?
(Website: www.sss.gov) N/A YES NO**I LEARN BEST WHEN?**

VISUAL	AUDITORY	TACTILE
<input type="checkbox"/> I read books and information from a computer.	<input type="checkbox"/> Someone tells me how to do something.	<input type="checkbox"/> Someone shows me what to do.
<input type="checkbox"/> I see pictures in books and on the computer.	<input type="checkbox"/> I can tell people information rather than write it.	<input type="checkbox"/> I make projects to show what I can do.
<input type="checkbox"/> I make written reports to show what I know.	<input type="checkbox"/> I listen to people talk about something.	<input type="checkbox"/> I work with my hands.