

# What's Next?

Gather all documentation requested below, and  
call us to set up your appointment with a Workforce Specialist.

**928-679-7400 or 1-877-358-6714**

## REQUIRED DOCUMENTS

Bring one item under each category to your appointment. If you have any questions about the documents call us at the above number.

- Citizenship/Alien Status**
  - Driver's License/State ID
  - Tribal Documents (*if DOB listed*)
  - U.S. Passport
  - DD-214 Report of Transfer or Discharge
- Social Security Card**
- Selective Service Registration**
  - (*For males born on or after January 1st, 1960.*
  - We can also assist you by printing this off the website at your meeting.*)

## IF ANY OF THE FOLLOWING APPLY TO YOU:

Bring one item from the categories that apply:

- SNAP (Food Stamps)**
- Cash Assistance**
- Temporary Assistance for Needy Families (TANF)**
- Vocational Rehabilitation**
- Supplemental Security Information**
- Unemployment Insurance**
- Proof of Documented Disability**
- Pell Grant** (*if attending Post-Secondary Ed.*)
  - Financial Aid Award Letter/Printout (*if receiving*)
  - FAFSA Electronic Student Aid Report (*if not receiving*)
- School Status** (*Applicants 24 years or younger*)
  - Transcripts
  - Letter from School
  - Dropout Letter
  - Diploma
- Displaced Homemaker Status**
  - Death Certificate of Spouse
  - Divorce Decree
- Laid Off – Received Notice of Layoff**
  - Layoff Letter from Employer
- Veteran Status**
  - DD-214 Report of Transfer or Discharge

Please contact the Coconino County Health and Human Services Career Services with any questions at:

**928-679-7400, TDD 928-679-7131, or 1-877-358-6714**

# Application: Individual Employment Plan - Part I

## WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) EMPLOYMENT AND TRAINING PROGRAM

Coconino County Health and Human Services Career Services is partially funded by the Federal Workforce Innovation and Opportunity Act (WIOA). The purpose of this program is to provide customers with the job training, education, and skills needed to secure employment, stay on the job, and increase their earnings.

An applicant must meet WIOA eligibility requirements to be considered for selection for services. However, **eligibility does not guarantee selection into the program.**

**INSTRUCTIONS:** Please fill out the application below completely. Gather the required documents listed on the yellow Required Documents sheet included in the application packet. Then, call Health and Human Services Career Services at 928-679-7400 or 1-877-358-6714 to **schedule an initial appointment during which the application and documents will be reviewed by Health & Human Services Career Services staff.**

Shortly after the appointment to review the documents, you will be notified of the next step for you to take in the eligibility process.

### AT TIME OF APPLICATION

Name:	Birth Date:
Email:	Social Security Number:
Phone:	Alternate Phone:
<b>PHYSICAL ADDRESS:</b>	City:
State:	Zip Code:
<b>MAILING ADDRESS:</b>	City:
State:	Zip Code:

List all states that you have lived in during the past 6 months:

How many household members (including yourself) are now living in your home? \_\_\_\_\_

How many dependents do you have under the age of 18? \_\_\_\_\_

Are you related to a member of the County Board of Supervisors or to a staff member of Health and Human Services Career Services? (check one) ( ) Yes ( ) No

**IF YOU HAVE ANSWERED YES, WE WILL BE UNABLE TO OFFER  
 SERVICES THROUGH  
 HEALTH AND HUMAN SERVICES CAREER SERVICES**

# Application: Individual Employment Plan - Part I

## PERSONAL INFORMATION

Do you consider yourself to be of Hispanic heritage?  Yes  No

What is your ethnic background/race? (Choose one or more.)

White

Black or African American

American Indian/Alaskan Native

Asian

Native Hawaiian/Pacific Islander

Do you have any type of documented disability?  Yes  No

Do you have an IEP or a "504" from your local school?  Yes  No

Do you need accommodations to be a participant in this program?  Yes  No

If yes, please explain:

Previously in the Foster Care System?  Yes  No

Are you receiving Food Stamps  Yes  No

## EDUCATION

High School Diploma or GED?  Yes  No

Last grade completed: (Circle One) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Are you currently in high school/college?  Yes  No Name of School:

Please list any degrees or certificates you have earned post high school:

Are you receiving a Pell Grant?  Yes  No

## EMPLOYMENT

Are you currently employed?  Yes  No

If no, please list last day worked: **Month:** **Day:** **Year:**

In the last 26 weeks (6 months), how many weeks have you been unemployed?

Were you laid off from your last job?  Yes  No

Did you receive a letter of layoff within the last 48 months?  Yes  No Are you receiving

Unemployment Benefits?  Yes  No

Have you worked for Coconino County in the last year?  Yes  No

# Application: Individual Employment Plan - Part I

## EXPERIENCE

Please list work experience including employment, volunteering, and military service. Begin with your most recent position and fill out completely.

### 1

Employer's Name: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### 2

Employer's Name: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### 3

Employer's Name: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# Application: Individual Employment Plan - Part I

## MILITARY

Have you served in the United States Military?  Yes  No **Dates of Service:** \_\_\_\_\_

Are you a recently separated Veteran (within the last 48 months)  Yes  No \_\_\_\_\_

Were you discharged?  Honorably  Dishonorably  Other  n/a \_\_\_\_\_

Are you a disabled Veteran?  Yes, disabled  Yes, special disabled  No \_\_\_\_\_

Are you the spouse of a Veteran?  Yes  No \_\_\_\_\_

## SELECTIVE SERVICE

If male age 18 or older, are you registered with the Selective Service?\*  Yes  No \_\_\_\_\_

\*Applies only to males born after 1960

## YOUTH APPLICANTS AGES 14-24

Are you in Foster Care?  Yes  No \_\_\_\_\_

Are you a runaway?  Yes  No \_\_\_\_\_

Have you dropped out of High School or College?  Yes  No \_\_\_\_\_

Are you pregnant or parenting?  Yes  No \_\_\_\_\_

Are you an English Language Learner?  Yes  No \_\_\_\_\_

# Application: Individual Employment Plan - Part I

## CAREER PLANNING

What services are you seeking from Health and Human Services Career Services?

---

---

Are you seeking additional training, licensing, or certification?  Yes  No

---

Are you currently working with any other job training programs?  Yes  No

---

Program name(s):

---

## SUPPLEMENTAL APPLICATION

Do you have a current driver's license?  Yes  No **If yes**, issuing state?

---

Has your driver's license ever been suspended or revoked?  Yes  No

---

**If yes**, please explain:

---

Have you been charged or convicted of a misdemeanor or felony?  Yes  No

---

If yes, please list the charge or conviction and when it occurred:

---

Do you have any other legal issues that could limit your ability to participate in training for employment?

---

**If yes**, please explain:

---

Are you homeless, or about to lose your housing?  Yes  No

---

Do you require substance abuse treatment prior to becoming employed?  Yes  No

---

Are your hours flexible for working various shifts?  Yes  No

---

Do you have reliable daycare?  Yes  No  n/a

---

Do you have reliable transportation?  Yes  No

---

Are you willing to consider "non-traditional" employment?\*  Yes  No

---

\*(an occupation where 75% or more of workers are of the opposite gender)

---

Do you have any difficulty reading, writing, or speaking English?  Yes  No

---

Are you prepared to interview with perspective employers?  Yes  No

---

Do you have a current resume?  Yes  No

---

# Application: Individual Employment Plan - Part I

## PERMISSION

By signing below, I grant permission to and authorize Coconino County Health and Human Services Career Services to acquire and release information about me for the purpose of determining my eligibility for programs and services. *I understand that my records are protected under the Federal confidentiality regulation, under 42 CFR, Part 2 and cannot be disclosed without my written consent unless otherwise provided for in regulations. I understand that I may revoke this consent at any time, except to the extent that action has already been taken in reliance on it (e.g. Probation, Parole, Court Order).*

---

## CERTIFICATION

*I certify that the information I have provided in this application is true to the best of my knowledge, and that I have no fraudulent intent. I am aware that the information I have provided is subject to verification, and I will be immediately terminated from the program if I am found ineligible. I allow release of information for verification purposes and understand that this information will be used to determine eligibility.*

*I swear or affirm, under penalty of perjury, that all information and documentation presented by me to Coconino County Health and Human Services Career Services is true and valid.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (Required if applicant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Updated 06/15/2015

*Serving Employers, WIOA Youth, Adult & Dislocated Workers with funding from the DOL.*



**COCONINO COUNTY ARIZONA**  
COCONINO CAREER SERVICES  
*“Your Connection to the Workforce”*

**Coconino County Local Workforce Development Board  
Denial of Training Services Grievance Policy**

All applicants, businesses, and service providers have the right to fair and equal treatment. Applicants, businesses, and service providers are advised that complaints regarding access to services may be made verbally or in writing within fifteen days of actions causing the complaint.

Applicants may be denied enrollment into WIOA programs for the following reasons which may include but are not limited to:

- Ineligible for our programs according to USDOL WIOA Rules and Regulations
- Excess income above program limits set by Arizona WIOA programs
- Do not reside in off-reservation Coconino County
- Desire training or employment in an occupation not in demand in Coconino County
- Desire training not on the Educational Training Provider List
- Unable to agree to an educational or employment plan as required by WIOA rules

Businesses and service providers may be denied services if they are not willing to follow Federal, State and Local rules and regulations; policies and procedures necessary to remain in compliance with LWDB program requirements. They are entitled to receive a copy of the rule, regulation, policy or procedure which is the basis of denial of services.

The following procedures shall be followed when a complaint/grievance is received:

1. Verbal complaints will attempt to be resolved at the time the complaint is voiced.
2. If the complaint is not resolved verbally, the applicant, business, or training provider will write the complaint on the Grievance Form provided for further consideration.
3. A meeting will be scheduled with the Deputy Director or Director to include the complainant and staff involved in the complaint.
4. If not resolved at this meeting, another meeting will be scheduled with Cindy Wilson, a representative of Coconino County, and the complainant for final resolution.
5. Applicants, businesses or service providers will not be denied services simply by exercising their grievance rights.

Coconino County Health and Human Services Career Services  
Attention: Cindy Wilson  
110 E. Cherry Ave. Flagstaff, AZ 86001

Mailing Address: 110 E. Cherry Ave. • Flagstaff, AZ 86001-4627  
Phone: (928) 679-7400 • Fax: (928) 679-7419  
TDD: (928) 679-7131

**Toll Free: 1-877-358-6714**





# Equal Opportunity Is the Law

**It is against the law for the State of Arizona, as a recipient of Federal financial assistance, to discriminate on the following basis:**

- Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, child birth or related medical condition, sex stereotyping, transgender status, and gender identity), national origin (including Limited English Proficiency), age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.
- Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

**The State of Arizona must not discriminate in any of the following areas:**

- Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

## What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

### The Local Office

Cindy Wilson  
Coconino WIOA EO Officer  
Health and Human Services  
Career Services  
110 E. Cherry Ave.  
Flagstaff, AZ 86004  
Phone: 928-679-7400  
Fax: 928-679-7419  
Email: [cwilson@coconino.az.gov](mailto:cwilson@coconino.az.gov)  
TTY/TTD: 928-679-7131

### State of Arizona

Kerry Bernard  
State WIOA EO Officer  
Office of Equal Opportunity  
Department of Economic Security  
1789 W. Jefferson Ave. MD 51H3  
Phoenix, AZ 85007  
Phone: 602-364-3976  
Fax: 602-364-3982  
TTY/TDD: 7-1-1  
Email:  
[OfficeofEqualOpportunity@azdes.gov](mailto:OfficeofEqualOpportunity@azdes.gov)

### Civil Rights Center

Naomi M. Barry-Perez, Director  
Civil Rights Center (CRC)  
U.S. Department of Labor  
200 Constitution Avenue NW  
Room N-4123  
Washington, DC 20210  
Phone: 202-693-6500  
Fax: 202-693-6505  
TTY: 202-693-6516

- If you file your complaint with the State of Arizona, you must wait either until the State of Arizona issues a written Notice of Final Action, or until 90 days have passed, (whichever is sooner), before filing a complaint with the Civil Rights Center (see address above).
- If the State of Arizona does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the State of Arizona to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the State of Arizona).
- If the State of Arizona does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name (printed): \_\_\_\_\_

Last four SSN# \_\_\_\_\_

Equal Opportunity Employer/Program 01/2018  
Auxiliary aids and services are available upon request to individuals with disabilities

# Igualdad de Oportunidad es la Ley

Es contra la ley que el Estado de Arizona, siendo recipiente de asistencia financiera federal, discrimine por las siguientes razones:

- Contra cualquier individuo en los Estados Unidos por su raza, color, religión, sexo (incluyendo el embarazo, el parto y las condiciones médicas relacionadas, y los estereotipos sexuales, el estatus transgénero y la identidad de género), origen nacional (incluyendo el dominio limitado del inglés), edad, discapacidad, afiliación o creencia política.
- Contra cualquier beneficiario, solicitante de trabajo o participante en programas de capacitación que reciben apoyo financiero bajo el Título I de la ley de Innovación y Oportunidad en la Fuerza Laboral (WIOA, por sus siglas en inglés), debido a su ciudadanía, o por su participación en un programa o actividad que recibe asistencia financiera bajo el Título I de WIOA.
- Los beneficiarios de asistencia financiera federal deben tomar medidas razonables para garantizar que las comunicaciones con las personas con discapacidades sean tan efectivas como las comunicaciones con los demás. Esto significa que, a petición y sin costo alguno para el individuo, los recipientes están obligados a proporcionar ayuda auxiliar y servicios para individuos con discapacidades calificados.

El Estado de Arizona no discriminará en ninguna de las siguientes áreas:

- Decidiendo quien será admitido o tendrá acceso a cualquiera de los programas o actividades asistidos financieramente por el Título I de WIOA;
- Proveyendo oportunidades en o el trato de cualquier persona con relación a dicho programa o actividad;
- En la toma de decisiones sobre el empleo en la administración de, o en conexión con dicho programa o actividad.

## Que hacer si usted cree que ha experimentado discriminación?

Si usted cree que ha sido objeto de discriminación bajo cualquiera de los programas o actividades asistidos financieramente por el Título I de WIOA, usted puede presentar una querrela dentro de los primeros 180 días después de la alegada violación, a través de:

### La Oficina Local

Cindy Wilson,  
Coconino WIOA EO Officer  
Health and Human Services  
Career Services  
110 E Cherry Ave  
Flagstaff, AZ 86004  
Phone: (928) 679-7400  
Fax (928) 679-7419  
[cwilson@coconino.az.gov](mailto:cwilson@coconino.az.gov)  
TTY/TTD: 928-679-7131

### El Estado de Arizona

Kerry Bernard, Administrator  
State WIOA EO Officer  
Oficina de igualdad de Oportunidades  
Departamento de Seguridad  
Económica de Arizona  
1789 West Jefferson (MD 51H3)  
Phoenix, AZ 85007  
Phone (602) 364-3976  
Fax (602) 364-3982  
TTY/TDD: 7-1-1  
Email:  
[OfficeofEqualOpportunity@azdes.gov](mailto:OfficeofEqualOpportunity@azdes.gov)

### El Centro de Derechos Civiles

Naome M. Barry-Perez, Esq.  
Centro de Derechos Civiles  
Departamento de Trabajo  
de los Estados Unidos  
200 Constitution Avenue NW  
Room N-4123  
Washington, DC 20210 Phone:  
(202) 693-6500  
Fax: (202) 693-6505  
TTY: (202) 693-6516

- Si usted presenta una queja ante el **Estado de Arizona**, deberá esperar hasta que el **Estado de Arizona** extienda una Notificación de Acción Final por escrito o hasta que pasen 90 días de haber iniciado la queja (lo primera que suceda), antes de presentar su queja ante el Centro de Derechos Civiles (vea la dirección arriba).
- Si el **Estado de Arizona** no le provee una Notificación de Acción Final por escrito durante los 90 días de la fecha en que usted presentó su queja, usted no tiene que esperar que el **Estado de Arizona** expida la notificación para presentar su queja al CRC. Sin embargo, usted deberá presentar su queja durante los 30 días después de expirar la fecha límite de 90 días (en otras palabras, 120 días después de haber presentado la queja al Estado de Arizona).
- Si el **Estado de Arizona** le emite una Notificación de Acción Final por escrito respondiendo a su queja pero usted no está satisfecho con la decisión o resolución, usted puede presentar su queja al CRC. Su queja deberá ser presentada al CRC durante los 30 días a partir de la fecha en que usted reciba su Notificación de Acción Final del **Estado de Arizona**.

firma del cliente fecha: \_\_\_\_\_ nombre: \_\_\_\_\_

del cliente (impreso): \_\_\_\_\_ últimos cuatro SSN#: \_\_\_\_\_

# Alternative Contact Information

Name:

Date:

Please provide contact information for two people who will always know where you are, or how to reach you. They must have a different address and phone number than those listed for yourself on the Application. This is to enable us to reach you during the follow-up portion of your participation in our program.

## ALTERNATE CONTACT 1

Name:

Relationship:

Home Phone:

Cell Phone:

Email:

Address:

City:

State:

Zip Code:

## ALTERNATE CONTACT 2

Name:

Relationship:

Home Phone:

Cell Phone:

Email:

Address:

City:

State:

Zip Code:

I hereby authorize Coconino County Health and Human Services Career Services staff to contact the alternate contacts, listed above, in order to learn about where I am working and to gather up-to-date contact information if staff is unable to reach me directly.

Signature

Date

Staff Signature

Date

Health & Human Services Career Services • 2625 N King St. Flagstaff, Arizona 86004 • 928-679-7400 or 1-877-358-6714



## Release of Information

I, \_\_\_\_\_, Social Security# \_\_\_\_\_, for the purpose of proper case management throughout participation in my program, grant permission to and authorize Coconino County Health and Human Services Career Services to:

Please initial boxes 1-7

	Yes	No	
1			Release information about me to employers and prospective employers.
2			Acquire information about me from employers and prospective employers.
3			Release information about me to educational establishments and social service agencies that have worked or are working to assist me.
4			Acquire information about me from educational establishments and social service-agencies that have worked or are working to assist me.
5			Use my name, picture, and creative works for media purposes.
6			Create an account within the Arizonajobconnection.gov (AJC) web site; utilize my name and password to authorize permission/release of information through the site's PLUS account (which will enable the Health and Human Services Career Services to navigate my account) and enter data on my behalf to facilitate my participation in the Health and Human Services Career Services WIOA program.
7			<b>Other:</b>

I understand that my records are protected under the Federal confidentiality regulation; under 42 CFR, Part 2 and cannot be disclosed without my written consent unless otherwise provided for in regulations. I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it (e.g. Probation, Parole, Court Order) and that **in any event this consent expires automatically one year after completion of Health and Human Services Career Services program activities.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
Parent or Guardian Signature if Applicable Date





# Strengths and Challenges

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Using the subjects below, please list what you perceive to be your strengths and challenges around reaching your career goals, and comment on why.

STRENGTH	CHALLENGE	SUBJECT	COMMENTS
		Work history	
		Skills and experience	
		Education/training	
		Ability to communicate	
		Motivation	
		Dependability	
		Attitude	
		Appearance	
		Mental health	
		Physical health	
		Child care needs	
		Transportation	
		Legal	
		Parole/probation	
		Educational Financial Assistance: AmeriCorps, Scholarships, Passages, etc.	
		Other:	



# Health and Human Services Career Services

## Entry - Interest Assessment

Name: \_\_\_\_\_

Below is an interest assessment exercise that will help you learn more about your career preferences. It is based on John Holland's Theory of Vocational Choice. This assessment will help you identify which of the six areas tend to relate to your interests. Identifying your preferences is important because you are more likely to be satisfied with career choices that are consistent with your skills and interests. Don't worry about your skill level. Just consider how much you enjoy each activity.

Please rate the level of interest you have for each subject listed below.

**1 = Low interest**

**2 = Medium interest**

**3 = High Interest**

### REALISTIC

	Participate in athletic activity
	Spend time working outdoors
	Use your hands and tools to build something
	Operate machinery to manufacture a product
	Take care of animals
	Help plants grow and stay healthy
	<b>Your Realistic Score</b>

### SOCIAL

	Advise a friend with a personal problem
	Counsel youth in a community group
	Teach people new skills
	Participate in activities which benefit society
	Join a group discussion and share ideas, thoughts, feelings
	Help others less fortunate than you
	<b>Your Social Score</b>

### INVESTIGATIVE

	Calculate and solve math problems
	Research scientific topics independently
	Analyze numerical and quantitative data
	Invest your time to understand complex concepts
	Investigate new mathematical or scientific
	Study scientific issues and problems
	<b>Your Investigative Score</b>

### ENTERPRISING

	Manage a group to complete a project
	Persuade others to adopt your beliefs
	Sell products or services to the public
	Determine program goals and motivate others to achieve them
	Lead a team to victory
	Work in an upscale, plush environment
	<b>Your Enterprising Score</b>

### ARTISTIC

	Design a new picture, flyer, or poster
	Generate innovative ideas and solutions to a problem
	Perform in a drama production
	Write a creative story or essay
	Play a musical instrument
	Express your emotions freely and openly
	<b>Your Artistic Score</b>

### CONVENTIONAL

	Follow an organized set of procedures
	Work in a predictable and structured environment
	Process data or records in an orderly manner
	Perform numerical calculations
	Use a computer to complete work assignments efficiently
	Work in an office where expectations and goals are clear and definite
	<b>Your Conventional Score</b>



Health & Human Services Career Services • 2625 N King St. Flagstaff, Arizona 86001 • 928-679-7400 or 1-877-358-6714

---

Equal opportunity employer/program. Auxiliary aids and services available upon request to individuals with disabilities. |

Section 2



# Holland Skills Inventory

Name: \_\_\_\_\_

## What skills do you have?

Directions: Look at each phrase carefully. Indicate your skill level for each phrase from the three choices below.

**1** = A little or not skilled      **2** = Somewhat skilled      **3** = Highly skilled

Total each section.

Circle your three highest totals.

### Section R

	#
1. Assembling/producing items	
2. Building/constructing	
3. Distributing/delivering	
4. Gardening	
5. Maintaining things	
6. Mechanical reasoning	
7. Operating tools/machinery	
8. Physical coordination/agility	
9. Setting up equipment	
10. Using your hands to adjust mechanical things	
<b>TOTAL =</b>	

### Section S

	#
31. Accepting others	
32. Advising/coaching	
33. People skills	
34. Communicating verbally	
35. Empathizing	
36. Encouraging/raising others self-esteem	
37. Informing/teaching/training	
38. Listening	
39. Offering support/serving others	
40. Working with others	
<b>TOTAL =</b>	

### Section I

	#
11. Arranging into a system	
12. Comparing	
13. Determining/judging	
14. Developing theories	
15. Discovering/detecting	
16. Evaluating/critiquing	
17. Identifying/defining	
18. Observing/examining/monitoring	
19. Researching/surveying/investigating	
20. Seeing relationships	
<b>TOTAL =</b>	

### Section E

	#
41. Leading	
42. Coordinating/organizing	
43. Delegating responsibility	
44. Influencing/persuading/selling	
45. Initiating	
46. Leading/directing	
47. Making decisions	
48. Managing/supervising	
49. Negotiating/reconciling	
50. Speaking publicly	
<b>TOTAL =</b>	

### Section A

	#
21. Composing/understanding music	
22. Dancing	
23. Demonstrating originality	
24. Designing/styling	
25. Dramatizing/acting	
26. Drawing/illustrating	
27. Innovating/inventing	
28. Photographing	
29. Visualizing	
30. Writing	
<b>TOTAL =</b>	

### Section C

	#
51. Attending to detail	
52. Budgeting/financial planning	
53. Compiling information	
54. Dealing with numbers	
55. Entering data on the computer	
56. Keeping records	
57. Ordering/purchasing	
58. Organizing/simplifying	
59. Preparing reports	
60. Programming computers	
<b>TOTAL =</b>	

(Adapted from the unpublished work of Cheryl W. Branham and Leigh Branham, and Breem Whitaker, © 1983.)

Health & Human Services Career Services • 2625 N King St. Flagstaff, Arizona 86001

928-679-7400 or 1-877-358-6714