Section 3 Assessment F	orm							
Name:		**************************************						
Address		· · · · · · · · · · · · · · · · · · ·		···				
Phone Number				E-mail Add	ress			
Please place an "X" her and Job Training Progra 3 Program. If you have this assessment for	m. Ther no inter	e is no require: est in participa	ment for the	e Head of I Section 3 I	Household or ar Program, do not	ny member of a hous t provide informatio	sehold to particing on below howeve	oant in the Section
Experience:	Paint	Carpentry	Laborer	Floors	Cleaning	Landscaping	Electrical	Plumbing
Yes (Please mark an "X" if applicable) No (Please mark an "X" if applicable) Enter the number of years of experience for the trades you have checked If "yes" marked in categories "X" in any category listed below the interior exterior Offices Home	above, pleas	se indicate with an "	'X" below to sho	ow the specifi	cs of your work for e	ach category. For example	, if you have experien	ce in Painting, insert an
Industrial Used equipment								
Hardwood VCT Single Sheet Ceramic Tile Other Used equipment								
Racking Trimming Shrubs Cutting Grass Other Used equipment								

Experience:	Plastering	Siding	Windows	Other	Comments:
Yes (Please mark an "X" if					
applicable)					
No (Please mark an "X" if					
applicable)					
Enter the number of years of					
experience for the trades you					
have checked					
If "yes" in categories above, please mark with an "X" below to show specifics of work for each category					
Interior					
Exterior					
Offices					
Home					
If yes to the trades abo		e experience, ple Employment	ase fill in beneath where a		- attach additional sheets or a Resume your experience below or attach a resume.
List company Harrie.	- Dutes of	Employment	1 OSIGOTI (C)G	r icase mi ii	your experience below or attach a resume.

					····
Do you own a business that may	provide services to the		ng Authority? Yes	No	·
Education: Level:					
High School: Yes	No	Number of ye	ars completed		
GED Yes	No				
College Degree: AA	MA	Othe	***************************************		
Other Education/Certification	Yes	No	Туре	***************************************	
What days and times each day ar	e vou available for wo	rk:			
Are you interested in comp			train in a trade?	Yes	No
Would you be willing to lea					No
Please indicate your interes		,	—	103	
r rease maneate your mitere.	Job dannig				
Signature:			Date:		

Example only for assistance in completing form:

Experience:	Paint	Carpentry	Laborer	Floors	Cleaning	Landscaping	Electrical	Plumbing
Yes (Please mark an " X " if applicable)	х			х				
No (Please mark an "X" if applicable)		x	х		X	x	x	X
Enter the number of years of experience for the trades you have checked	6			4				

If "yes" marked in categories above, please indicate with a check mark below to show the specifics of your work for each category. For example, if you have experience in Painting, check any categories listed below "Paint." to clarify specific experience. For Carpentry, check any categories listed below "Carpentry" that indicate areas of specific experience.

Interior	X	X	
Exterior	Х		
Offices		X	
Home	Х	x	
Industrial			
Used equipment			
Hardwood		X	
VCT		X	
Single Sheet			
Ceramic Tile		X	
Other			
Used equipment		x	
			<u> </u>
Racking			
Trimming Shrubs			
Cutting Grass			
Other			
Used equipment			