### DALLAS CENTER FOR INDEPENDENT LIVING JOB CLUB

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Pre-Vocational Training
New Directions in Epilepsy Rehabilitation

#### JOB CLUB

#### - People Not Yet Ready to Work -

| I.  | Why         | are | VOII | here    |
|-----|-------------|-----|------|---------|
| T o | *********** | 416 | 100  | ,,,,,,, |

- A. Discussion
- B. Achieving a Goal (Employment)

#### II. Yourself

- A. My Self Assessment
- B. Personality Inventory
- C. Attitude Scale

#### III. Yourself and the job you want

- A. Kinds of jobs
- B. What should I look for
- C. Information on a job that interests me
- D. Discussion

#### IV. Where to find a job

- A. Looking for a job
- B. Discussion

#### V. The newspaper

What to look for and how to read the want-ads - with newspaper in hand

#### VI. Prepare for an interview

- A. Calling for an interview
- B. Contact sheet
- C. Vocabulary
- D. Personal Data Sheet to be completed for next session

#### VII. The application

Application for Employment

#### VIII. The Interview

- A. Checklist
- B. Dos and Don'ts
- C. Mock interview using hand-out questions often asked by employers
- D. For next session client is to have five questions about anything covered so far

#### IX. Review

- Discuss clients questions A.
- B.
- C.
- The job I want Looking for a job Calling for an interview D.
- E.
- The interview LINK application (if appropriate) F.
- Field trip to Texas Employment Commission X.
  - A.
  - Apply for thier services Certify those who are eligible for a tax credit В.

#### JOB CLUB OBJECTIVES - BOTH CLUBS

I. Why are you here

Client will be given information to help him decide if he does want to work.

II. Yourself

Client will be able to evaluate his own personal self as he relates to a possible work setting.

III Yourself and the job you want

Client will be able to match his personal self and employment skills to an appropriate position.

IV. Where to find a job

Client will be aware of all possible employment resources.

V. The newspaper

Client will be able to evaluate want-ads in the newspaper as well as know the terms and abbreviations used.

VI. Prepare for an interview

Client will have the knowledge of needed materials and appropriate vocabulary for an interview.

VII. The application

Client will be able to complete a job application form.

VIII. The Interview

Client will be able to complete a job interview and feel comfortable about it.

IX. Review

Any questions or concerns will be addressed for positive support on client's behalf.

X. Field trip

Client will be able to use TEC services and get his tax credit if he qualifies.

### ACHIEVING A GOAL

Here's a game plan of things you will do to achieve a goal. The rules you should follow to achieve your goal are:

- RULE I. Define your goal.
- RULE II. What steps do you need to take to achieve this goal?
- RULE III. Put steps in order from least to most difficult. Make the last step your goal.
- RULE IV. Set a reasonable deadline for each step.
- RULE V. Work on each step until it is completed.
- RULE VI. Review and revise to simplify your steps if necessary.
- RULE VII. Achieve.
- RULE VIII. Decide on a new goal.

## MY SELF ASSESSMENT

|                  | NAME                 | 1     | The River    |                                              |                 |
|------------------|----------------------|-------|--------------|----------------------------------------------|-----------------|
| My Strong        | Points               | Му    | Weak Points  |                                              |                 |
|                  | office in the second |       |              | u Kata                                       |                 |
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|                  | y a so health, w     |       | on Adjunct   | 1 E 1 5 5 7 1                                |                 |
|                  | (ATIX) 电二次模型操作器      | 1.    |              |                                              | New Joseph News |
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| et principal     |                      |       |              | 1 (4 E-1 |                 |
| i jir.           |                      |       |              |                                              |                 |
|                  |                      |       |              |                                              |                 |
| THE TOTAL STREET |                      | 11/12 |              |                                              | 0.112           |

Do I use these as much as I could?

What am I doing about these?



# PERSONALITY INVENTORY

Please complete each sentence in your own words.

| Why?                                       |  |
|--------------------------------------------|--|
| The first of the second participation of   |  |
| I feel other people consider me to be      |  |
| The one thing I admire most in people is _ |  |
|                                            |  |
| What I feel I need most in this class is   |  |
|                                            |  |
| The person I would most like to be is      |  |
|                                            |  |

# ATTITUDE SCALE

|                                                                                            | All of<br>the time | Most of<br>the time | Some of the time | None of<br>the time |
|--------------------------------------------------------------------------------------------|--------------------|---------------------|------------------|---------------------|
| 1. I know what I want in life.                                                             |                    |                     |                  |                     |
| <ol> <li>My success depends mainly on<br/>me.</li> </ol>                                   |                    |                     |                  |                     |
| 3. Whatever I do, I do well.                                                               |                    |                     |                  |                     |
| <ol> <li>I accept unpleasant tasks as<br/>part of life.</li> </ol>                         |                    | 11.                 |                  |                     |
| <ol><li>I try to see the good side<br/>of unpleasant situations.</li></ol>                 |                    |                     |                  |                     |
| 6. I like myself.                                                                          |                    |                     |                  |                     |
| <ol> <li>I usually emphasize my strong<br/>points rather than my weak<br/>ones.</li> </ol> |                    |                     |                  |                     |
| <ol><li>I usually know how to solve<br/>my own problems.</li></ol>                         |                    |                     |                  |                     |
| 9. When in trouble, I know where to turn.                                                  |                    |                     |                  |                     |
| <ol> <li>I get along well with my<br/>family and neighbors.</li> </ol>                     |                    |                     |                  |                     |
| 11. Work is more than making a living.                                                     |                    |                     |                  |                     |
| 12. I feel as if I'm going to<br>be successful.                                            |                    |                     |                  |                     |
| 13. I like to help others.                                                                 |                    | 3111                |                  |                     |
| 14. I am honest with myself and others.                                                    |                    |                     |                  |                     |
| <ol> <li>I accept responsibility for<br/>my failures.</li> </ol>                           |                    |                     |                  |                     |
| 16. I observe common practices<br>for good health and follow<br>doctor's orders.           |                    |                     |                  |                     |
| 17. I am calm in times of crisis.                                                          |                    |                     |                  |                     |
| <ol> <li>I do something regularly for<br/>relaxation and recreation.</li> </ol>            | St. H.             |                     |                  |                     |
| <ol><li>I am not nervous when I meet<br/>new people.</li></ol>                             | 7                  |                     |                  |                     |
| <ol><li>I am not afraid of new situa-<br/>tions.</li></ol>                                 |                    |                     |                  |                     |
| 21. I live within my income.                                                               |                    |                     |                  |                     |
| 22. My family helps me make important personal decisions.                                  |                    |                     |                  |                     |

|                                                                                          | All of<br>the time | Most of the time | Some of the time | None of<br>the time |
|------------------------------------------------------------------------------------------|--------------------|------------------|------------------|---------------------|
| 23. My family shows concern for my welfare.                                              |                    |                  |                  |                     |
| <ol> <li>I look for ways to improve myself.</li> </ol>                                   |                    |                  |                  |                     |
| 25. I am neat and clean.                                                                 |                    |                  |                  |                     |
| 26. I trust most people.                                                                 |                    |                  |                  |                     |
| <ol><li>I get unpleasant tasks done<br/>first.</li></ol>                                 |                    |                  |                  |                     |
| 28. I am on time for work or appointments.                                               |                    | ×                |                  |                     |
| 29. I am usually cheerful.                                                               |                    |                  |                  |                     |
| 30. I like people and people seem to like me.                                            |                    |                  |                  |                     |
| 31. I know where to go for health problems.                                              |                    |                  |                  |                     |
| 32. I accept other people as they are.                                                   |                    |                  |                  |                     |
| 33. I find a friend to talk to<br>when I feel low rather than<br>withdrawing.            |                    |                  |                  |                     |
| 34. I would want a boss or co-<br>worker to tell me if I were<br>not doing my job right. |                    |                  |                  |                     |
| 35. I want to get up and start a new day.                                                |                    |                  |                  |                     |

### KINDS OF JOBS

A. Counselor

Nurse

Lawyer

Social Worker

Doctor

Teacher

Shows a preference for working with words and ideas as well as with people.

B. Bank Teller

Office Worker

Bookkeeper

Secretary

File Clerk

Typist

Jobs are clerical in nature, indicating an interest in office work and business practices.

C. Sales Real Estate

Jobs show a preference for working with people - the selling or promotional occupations.

D. Electrician

Design Flower Arrangements

Design Homes

Work with Furniture

Indicates a liking for working with your hands - an interest in creative activities.

E. Assembler

Laundry & Drycleaning

Dressmaker

Sewing Machine Operator

Painter Phone Work Taxi Driver Truck Driver

Indicates that you probably have an interest in mechanical things that you like to work with your hands and use tools and machinery.

Baby Sitter Housekeeper Maid

Shows a preference for working for people in their homes.

Beauty Shop Hospital Aide

Nurses' Aide Waitress

Police

Implies a preference for working with people - the service occupations.

| Α. | Counselor<br>Lawyer<br>Nurse                                       |         | В.  | Bank Teller<br>Bookkeeper<br>File Clerk                                        | с. | Sales<br>Real Estate               |
|----|--------------------------------------------------------------------|---------|-----|--------------------------------------------------------------------------------|----|------------------------------------|
|    | Doctor<br>Social Worker<br>Teacher                                 |         |     | Office Worker<br>Secretary<br>Typist                                           |    |                                    |
| D. | Electrician Design Homes Design Flower Arrangements Work with Furn |         | E.  | Assembler Dressmaker Laundry & Dry- cleaning Painter Sewing Machine Opera- tor | F. | Baby Sitter<br>Housekeeper<br>Maid |
| G. | Beauty Shop<br>Hospital Aide<br>Police<br>Nurse's Aide<br>Waitress | 7       |     | Taxi Driver<br>Phone Work<br>Truck Driver                                      |    |                                    |
| н. | Other                                                              |         |     |                                                                                |    |                                    |
|    |                                                                    |         |     |                                                                                |    |                                    |
|    |                                                                    |         |     |                                                                                |    |                                    |
|    |                                                                    |         |     |                                                                                |    |                                    |
| Ι. | SCHOOL                                                             |         |     |                                                                                |    |                                    |
|    | Class I liked                                                      | estwhy? | -   |                                                                                |    |                                    |
|    |                                                                    |         |     |                                                                                |    |                                    |
| *  | Class I did no                                                     | likewhy | 7?_ |                                                                                |    |                                    |
|    |                                                                    |         |     |                                                                                |    |                                    |

| II.  | Other thing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I did in school:     |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
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| III. | What I like                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | bout myself:         |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
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| IV.  | What I do $\underline{n}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Like about myself:   |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|      | AND THE RESERVE OF THE PARTY OF |                      |
| ν.   | What I woul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | change about myself: |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
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| VI.  | Jobs I like                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | were:                |
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| VII. | Jobs I did                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t like were:         |
|      | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |
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| 7777 | What I do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | my energy time.      |
| 111. | what I do I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | my spare time:       |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
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| IX.  | My disabili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y is:                |
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| х. | Three jobs I wat are: |     |
|----|-----------------------|-----|
|    | A                     | _   |
|    | В.                    | - 2 |
|    |                       |     |

# Information on a Job that Interests Me

| 1.  | The job I want now is:                                                                                                                 |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|
| 2.  | Physical requirements of the job are:                                                                                                  |
| 3.  | Can I meet all of the physical requirements of the job?                                                                                |
| 4.  | Places I could find this job are:                                                                                                      |
| 5.  | Necessary personal tools and equipment for the job are:                                                                                |
| 6.  | I expect to make \$ per hour.                                                                                                          |
| 7.  | Health and other hazards found in this job are:                                                                                        |
| 8.  | Duties expected of me in this job are:                                                                                                 |
| 9.  | What special abilities are required?                                                                                                   |
| 10. | What personality traits are most helpful for this job?                                                                                 |
| 11. | What education or training is required for this occupation?  High School: Apprenticeship: Vocational School: College: Graduate School: |
| 12. | Do I have to have a special license?                                                                                                   |
| 13. | Where can I get the appropriate education or license?                                                                                  |
|     |                                                                                                                                        |

| 14. | Five aspects of the job that appeal to me are:                 |
|-----|----------------------------------------------------------------|
|     | A                                                              |
|     | В.                                                             |
|     | C.                                                             |
|     | D.*                                                            |
|     | E                                                              |
| 15. | Two disadvantages I see in the job are:                        |
|     | A.                                                             |
|     | В.                                                             |
| 16. | Compare your findings about the job with your Self Assessment. |
| 1.0 | Do I qualify? If not, why not?                                 |
|     | Would I be happy with this job? If not, why not?               |
|     |                                                                |

# Assess skills before job hunt

Employers are skeptical of a "superperson." Claiming you can do "anything" not only will fail to convince an employer of your qualifications, but may actually prejudice the employer against you. The employer wants to know specifically what you can do and how your skills and abilities can be used most profitably in the organization.

Therefore, as the first step in merchandising your Job talents, you should make a detailed, realistic inventory of your qualifications, interests and any of your limitations. You should know what you can do and what you cannot do and how your skills and abilities can be used most profitably in the organization.

To begin your self-evaluation,

ask yourself a few simple, basic questions:

A. What jobs have I had?

B. What did I like about each? What did I dislike?

C. What are my work qualifications?

D. What does my education qualify me for?

E. What are my real interests?

F. Do I have any special talents or aptitudes? (For example, play musical instrument) G. Does my physical condition limit me in any way?

H. What kind of job do I want?
Now put your thoughts on paper. If you are marketing your skills for a particular type of position, the following personal inventory questions will be helpful when you have a job interview. If you are seeking a professional or office position, a chart using these questions will systematize your thinking for the preparation of a resume of your qualifications.

Write down descriptions of and answers to the following on a piece of paper:

Previous jobs, dates and reasons for leaving

 Characteristics I liked most about each lob

Characteristics I disliked about each job

What work do I do best?

What special knowledge or information do I have?

What equipment can I use?

 What diplomas, degrees, certificates, specializations do I have?

 What business, vocational, apprenticeship, on-the-job training have I had?

Which courses or training did
 like best? Why?

Which did I dislike? Why?

 What do I consider an ideal job for me?

What are my chances of get-

 What kinds of jobs do I dislike?

What are my hobbies?

 How can I relate my hobbies to a job?

 What special talents or aptitudes do I have?

What do I learn most readily?

 Does my physical condition limit me in any way?

Is it necessary for me to change my occupation?

• How long a job search can I finance?

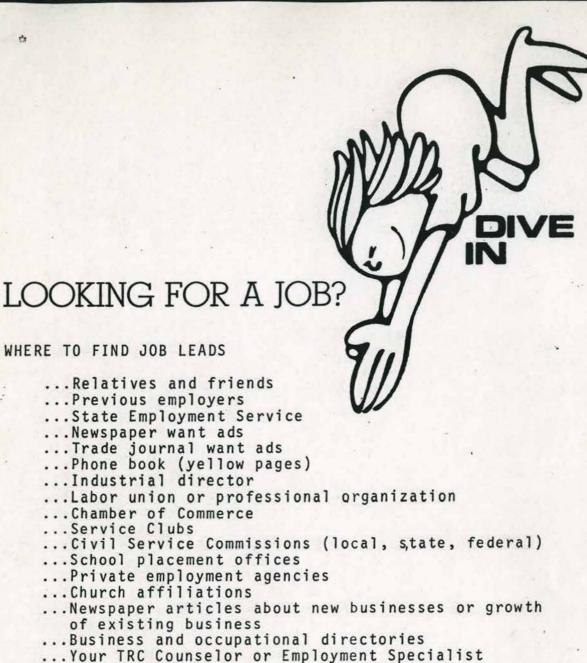
· Occupational goal:

Considering all the foregoing information, list the three jobs for which you feel at this time you are best qualified and which you would prefer. List them in order of your preference.

 Name of job Why interested

2. Name of job Why interested

3. Name of job Why interested



# WHERE TO GET INFORMATION ABOUT EMPLOYERS

...Better Business Bureau

... Telephone Book

WHERE TO FIND JOB LEADS

... Relatives and friends ... Previous employers

... Newspaper want ads

... Industrial director

... Chamber of Commerce

... Church affiliations

of existing business

... Service Clubs

... Manufacturers Director

... Chamber of Commerce

...Organizations (civic, religious, service)

... State Employment Service

... Personnel Manager

... Trade Journals

...Labor Union ...Civil Service Commissions

... TRC Counselor or Employment Specialist

... Employer Associations

... Former Employees of the Company

#### Some things to remember BEFORE you call:

- 1. Have the correct phone number.
- Have your Personal Data Sheet with you. Who knows what you'll be asked.
- Have a pen and paper with you to write down information. Employers don't like to "hold on just a minute" while you hunt for them.
- 4. Speak clearly and slowly. Make sure your brain is in gear before putting your mouth into motion.
- Use a phone where there are no distractions such as a loud radio, TV, elephants, wrestling match, etc.
- Be courteous and polite.
- Do not have anything in your mouth (cigarettes, gum, tobacco, etc.)
- When you are finished with your call hang the receiver up <u>lightly</u>. Don't shatter the potential employer's eardrum.

#### Making the call:

| 1. | My name is                                               |          |
|----|----------------------------------------------------------|----------|
| 2. | I am calling about your ad in the paper for theposition. |          |
| 3. | Has that position been filled?                           |          |
| 4. | Are you still accepting applications?                    |          |
| 5. | I have had experience working at where I did, and        | Si<br>in |
| 6. | When may I come in for an interview?                     |          |
| 7. | What is the address?                                     |          |
| 8. | Whom should I ask to see?                                |          |
| 9. | Thank you, I will see you at (time) on (day).            |          |

### EMPLOYER CONTACT SHEET

| Employer | Date/Time |
|----------|-----------|
| Position |           |
| Phone    |           |
| Result:  |           |
|          |           |
|          |           |
| Employer | Date/Time |
| Position |           |
| Phone    |           |
| Result:  |           |
|          |           |
|          |           |
| Employer |           |
| Position |           |
| Phone    |           |
| Result:  |           |
|          |           |
|          |           |
| mployer  | Date/Time |
| Position |           |
| Phone    |           |
| Result:  |           |
|          |           |
|          |           |
| mployer  | Date/Time |
| osition  | Contact   |
| hone     |           |
| esult:   |           |
|          |           |
|          |           |
| mployer  | Date/Time |
| osition  |           |
| none     |           |
| esult:   |           |
|          |           |
|          |           |

- 1. ACCOMPLISHMENT: A major task completed.
- 2. APPLICATION: Paper you have to fill our for a job. You must answer all of the questions.
- APPROPRIATE APPEARANCE: Looking and being dressed right for a job interview or work.
- 4. ARRESTED: Trouble with the police, put in jail.
- CHRONIC AILMENT: Pain or disease you have had for a long time, or happens often.
- 6. CONFIDENTIAL: Private information.
- 7. CONGENITAL: Since you were born.
- 8. EDUCATION: Schooling.
- 9. GAP: Time between jobs.
- 10. GRADUATED: Did you finish school?
- 11. HOBBIES: What you like to do when you're not at work. For example, reading, swimming, sports, needlework, music, photography, etc.
- 12. N/A: Not applicable, does not apply to you.
- 13. P/R: Piece rate, pay for each completed piece.
- 14. POSITION: The job you are applying for.
- 15. PRESENT ADDRESS: Where you live now.
- 16. PREVIOUS ADDRESS: Where you lived before.
- 17. PRIOR: Before.
- 18. PROBATIONARE or "TRY-OUT TIME": Time at work to see if you are a good employee, usually the first three months.
- 19. RATE OF PAY: How much did you make per hour.
- REFERENCES: People who know you, and will tell the boss you will be a good employee.
- 21. SUPERVISOR: Your boss.
- UNEMPLOYED: Not working.
- 23. WORKMAN'S COMPENSATION: Money received from your employer because you were hurt or injured on the job.

| Address street Telephone No.           | Social           | city<br>Security | state z<br>No | zip     |              |
|----------------------------------------|------------------|------------------|---------------|---------|--------------|
| Birthdate                              |                  |                  |               |         |              |
| EUDCATIONAL BACKGRO                    | UND              |                  |               |         |              |
| Type of School                         | Name and A       | ddress           | Years A       | ttended | Graduated    |
| Grammer                                |                  |                  |               |         |              |
| High School                            |                  | XI III           |               |         |              |
| College                                |                  |                  |               |         |              |
| Post Graduate                          |                  | A.               |               |         |              |
| Business or Trade                      |                  |                  |               |         |              |
| Other                                  |                  |                  |               |         |              |
| PRIOR WORK HISTORY                     | (List most recei | nt employe       | r first)      |         |              |
| Dates                                  | Name and Addres  |                  | Phone         | Supervi | sor   Rate o |
| From To                                | of Employers     |                  | , mone        | Cupe. V | Pay          |
| (a)                                    |                  |                  |               |         |              |
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|                                        |                  |                  |               |         |              |
|                                        |                  |                  |               |         |              |
|                                        |                  |                  |               |         |              |
|                                        |                  |                  |               |         |              |
| ERSONAL REFERENCES<br>Someone you have | known for more   | than 1 year      | ar.           |         |              |
| Name and Occupation                    | n                | Addres           | SS            | PI      | hone         |
| 1.                                     |                  |                  | <del>//</del> |         |              |
| 2.                                     |                  |                  |               |         |              |
| 3.                                     |                  |                  |               |         |              |
| n case of emergency,                   | , who can we not | ify?             |               |         |              |
|                                        | Addre            |                  |               | DL      | one          |
| Nama                                   | undra            | 326              | ,             | Ph      | OHE          |
| Name<br>YSICIAN                        | Addit            | .33              |               |         |              |

## application for employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

| PERSONAL INFORMATION                                                                     | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | So                       | ocial Security<br>Number         |                      |                                        |        |
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| Last                                                                                     | First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | Middle                           |                      |                                        | -      |
| Present Address                                                                          | Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                  | Clate                | 71                                     | ┙      |
| Permanent Address                                                                        | Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ci                       | У                                | State                | Zip                                    |        |
| Phone No.                                                                                | Street<br>Height                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Cil                      | Weight                           | State                | Zip                                    |        |
| State Name and Department of Any Re<br>Than Spouse, Already Employed By Th               | latives, Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17 7 1                   | - Height                         |                      | Tall Things                            |        |
| Referred<br>By                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100                      |                                  |                      |                                        |        |
|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                  |                      |                                        | 18117  |
| EMPLOYMENT DESIRED                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                  |                      |                                        |        |
| Position                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date You<br>Can Start    |                                  | Salary<br>Desired    |                                        |        |
| Are You Employed Now?                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If So May Wood Your Pres | e Inquire<br>ent Employer        |                      |                                        |        |
| Ever Applied to this Company Before?                                                     | Certification of the Control of the | Where                    |                                  | When                 |                                        | Middle |
| EDUCATION N                                                                              | ame and Location of S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ichool                   | Circle<br>Last Year<br>Completed | Did You<br>Graduate? | Subjects Studied a<br>Degree(s) Receiv |        |
| Grammar School                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                  | □ Yes                |                                        |        |
| High School                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | 1 2 3 4                          | □ Yes                |                                        |        |
| College                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | 1 2 3 4                          | □ Yes                |                                        |        |
| Trade, Business or<br>Correspondence<br>School                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | 1234                             | □ Yes                |                                        |        |
| ubjects of Special Study or Research                                                     | Work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                  |                      |                                        | 7)     |
| hat Foreign Languages Do You Speak                                                       | Fluently?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                  |                      |                                        |        |
| ead                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Write                    |                                  | 11 × 11              | *                                      |        |
| tivities Other Than Religious ivic, Athletic, etc.) CLUDE ORGANIZATIONS, THE NAME OR CHA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                  | 9) I                 | * *                                    |        |

| FORMER EMPLOY                  | ERS List Below Last Four                                                                                          | Employers, Starting                        | With Last One     | First                                       |                                                           |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------|---------------------------------------------|-----------------------------------------------------------|
| Date<br>Month and Year         | Name and Address of                                                                                               | Employer                                   | Salary            | Position                                    | Reason for Leaving                                        |
| From                           |                                                                                                                   |                                            |                   |                                             |                                                           |
| То                             |                                                                                                                   |                                            |                   |                                             |                                                           |
| From                           |                                                                                                                   |                                            |                   |                                             |                                                           |
| То                             |                                                                                                                   | 100                                        |                   |                                             |                                                           |
| From                           |                                                                                                                   |                                            |                   |                                             |                                                           |
| То                             |                                                                                                                   | 115                                        |                   |                                             |                                                           |
| From                           |                                                                                                                   |                                            |                   |                                             |                                                           |
| То                             |                                                                                                                   |                                            |                   |                                             |                                                           |
| REFERENCES: Give               | Below the Names of Three P                                                                                        | ersons Not Related                         | To You, Whom      | You Have Known A                            | t Least One Year.                                         |
| Name                           |                                                                                                                   | Address                                    |                   | Business                                    | Years<br>Acquainted                                       |
| 1                              |                                                                                                                   |                                            |                   | W. 12                                       |                                                           |
| 2                              |                                                                                                                   |                                            |                   |                                             |                                                           |
| 3                              |                                                                                                                   | 10 3 P F - Y                               |                   |                                             |                                                           |
| In Case of<br>Emergency Notify | Name                                                                                                              |                                            | Address           |                                             | Phone No.                                                 |
| cause for dismissal. Furthe    | all statements contained in the<br>er, I understand and agree that<br>terminated at any time without<br>Signature | t my employment is<br>ut any previous noti | for no definite p | nisrepresentation or<br>eriod and may, rega | omission of facts called f<br>rdless of the date of payme |
|                                | DO NO                                                                                                             | T WRITE BELOW                              | THIS LINE         |                                             |                                                           |
| Interviewed By                 |                                                                                                                   |                                            |                   | Date                                        |                                                           |
| REMARKS:                       |                                                                                                                   |                                            |                   |                                             |                                                           |
|                                |                                                                                                                   |                                            | 1                 |                                             |                                                           |
| Veatness                       |                                                                                                                   | Chara                                      | cter              |                                             |                                                           |
| ersonality                     |                                                                                                                   | Abilit                                     | ,                 |                                             |                                                           |
| lired For Dept.                | Position                                                                                                          | 7.8.63                                     | Will Report       | Sal.<br>Wa                                  | ary<br>ges                                                |
| pproved: 1.                    | 2.                                                                                                                |                                            |                   | 3.                                          |                                                           |
|                                | byment Manager                                                                                                    | Dept. H                                    | lead              |                                             | ral Manager                                               |

# CHECKLIST

| ITEM RATING:                | EXCELLENT | AVG.                                         | POOR    |
|-----------------------------|-----------|----------------------------------------------|---------|
| Bathe or shower regularly   |           |                                              | /       |
| Use a deodorant             |           | !<br>                                        |         |
| Underwear is clean          |           |                                              |         |
| Wash hair regularly         |           |                                              |         |
| Hair is neat and trim       |           | <u>,                                    </u> |         |
| Hair is combed/brushed      |           |                                              |         |
| Brush teeth regularly       |           |                                              |         |
| Men: Shave regularly        | 2.38 (    |                                              |         |
| Women: Make-up neat         |           |                                              |         |
| Fingernails evenly cut      |           |                                              |         |
| Fingernails and hands clean |           |                                              |         |
| Ears clean                  |           |                                              |         |
| Clothes clean and pressed   |           |                                              |         |
| Style is right for job      |           |                                              |         |
| Clothes fit well            | <u> </u>  | , <del></del> .                              |         |
| Shoes in good repair        |           |                                              |         |
| Purse or wallet orderly     | <u> </u>  |                                              |         |
| Working pen with me         |           | وكت                                          |         |
| Good posture                |           |                                              |         |
| Firm handshake              |           |                                              | Lean fi |
| Good eye contact .          |           |                                              | 191     |



### THE DOZEN

In a survey, these were listed as the 12 most important features an employer looks for when he is hiring an employee. Here they are in the order of their importance:

- 1. ABILITY
- 2. DEPENDABILITY
- 3. HONESTY
- 4. INITIATIVE
- 5. RELIABILITY
- PERSERVERANCE
- 7. GOOD ATTENDANCE
- 8. EFFICIENCY
- 9. LOYALTY
- 10. CHEERFULNESS
- 11. HELPFULNESS
- 12. UNSELFISHNESS

Do you have these qualities? How can you develop them?

## Job Interviews: Special Concerns of Disabled Individuals

· SEEK N

1. What employers often think

A. Consider individuals' limitations, instead of their abilities

B. Worry about accidents

S BETTINES VIEW BY BOIL

INFO THE ST W

C. Worry about rates they pay for insurance

- Behaviors which disabled individuals can exhibit during the interview
  - A. Discuss the disability early in the interview, especially if it is visually apparent

1.) Use clear, easy to understand terms

Do not use medical or psychological jargon

3.) Explain your disability in such a way that the interviewer knows you can do the job

4.) Try to describe your problem with positive qualities

5.) Describe how the disability occurred

a.) Congenital

- b.) Accidental injury
  - (1) A long time ago

(2) Recently

c.) Disease

6.) Describe any physical limitations

a.) Standing

- b.) Sitting
- c.) Walking
- d.) Lifting
- e.) Visual
- f.) Hearing
- g.) Speech
- h.) Breathing
  - (1) Allergies
    - (2) Out-of-breath
- i.) Coordination
  - (1) Eye-hand
  - (2) Eye-foot
- j.) Finger dexterity
  - (1) Fine
  - (2) Gross
- 7.) Describe the condition of your disability
  - a.) Improving
  - b.) Not changing

c.) Progressive (rate at which it is getting worse)

8.) Discuss how you have been able to compensate for your disability

9.) Discuss your good vocational record

a.) Few days missed due to illness

b.) Arrive early for work

c.) Present facts about quantity and quality of previous work

- 10.) Discuss your reliable source of transportation or your ability to drive
- 11.) Demonstrate special skills you have developed to compensate for your disability
  - a.) Use of prosthetic devices
  - b.) Use of wheelchair
  - c.) Other unique skills
- 12.) Discuss architectural barriers, if they are going to be a problem
  - a.) Doorways
  - b.) Curbs
  - c.) Stairs
  - d.) Elevators
  - e.) Parking spaces near place of work
- Always stress your abilities and qualifications, not your limitations, regardless of your disability
  - A. Face reality and discuss the problem
  - B. Stress positive aspects which you have learned to use to compensate for your disability
- 4. Discuss your vocational objectives
  - A. Short-term
  - B. Intermediate
  - C. Long-range
- 5. Discuss specific experiences which you have had that better enable you to perform the job which you are seeking
  - A. Personal
  - B. Educational
  - C. Work experience
  - D. Training
- 6. Use references who will present your disability as favorably as possible

# First impressions important

## A good application letter can open doors

When you're looking for a job, qualifications aren't everything; communicating your qualifications is everything. Based on my experience in reading job applications and teaching job-hunting workshops, I have found that many people fall to get across their skills. If you follow a few guidelines about letters and resumes, you can increase your chances of landing a job.

1. Mention the job you are applying for in your letter. Organizations often have many openings. If you say, as more than one person has, "Please consider me for the opening you have advertised," the employer may not know which opening you are ap-

plying for.

2. Sell yourself in your letter. To say only "Please review my resume in light of your needs" is at best neutral. Rather, think of the application as a sales campaign to get you an interview. Show how you can contribute: "If you want to hire someone who can work well with the public, then you will be interested in my experience in customer relations" (or organizing community projects or working on the school board).

Tailor each letter to the specific job. One woman, in applying for a job as a manager trainee for a finance company, emphasized her college courses in finance and accounting and her experience in collections. When she applied for a job as a jewelry store

manager, she focused on her retail experlence and her general business courses.

End your letter with a sales pitch. Even if you are not an extrovert, now is the time to write: "I will call your office on May 5 to arrange a brief meeting."

3. Emphasize how your capabilities fit the needs of the employer. One of the most common mistakes applicants make is to focus on their own needs. If your major qualification is that you love the area of the country or think that you would enjoy that kind of work or have lots of hobbies, you will not receive an enthusiastic response. Even if you do not have experience in the specific job advertised, show how the experience you have is related to the job.

Many people have developed skills in the course of volunteer work — they have organized committees, chaired drives and supervised workers. These may be just the qualifications an employer wants, but unless you mention them, you'll go unnoticed.

In both your letter and resume, then, mention qualifications that are relevant to the job. If you are seeking a job as administrative assistant, for example, statements like, "Supervised 12 volunteers in Cancer Society drive," "Two years of successful experience in detailed record-keeping" and "Strong capabilities in writing business letters and reports" show what you can do for

an employer.

4. Be specific. Do not simply write, "Volunteer work gave me experience working with people and organizing projects." Add a couple of examples: "For the past four years I have been youth director for our church. As a member of the committee to develop a public library, I assisted in planning the new library for our community." If you write only that you were a "lab researcher," the employer will not know whether you cleaned the Bunsen burners or designed the experiments.

5. Include only information which will support your goal. Much personal information — the color of your hair and eyes, for example — is irrelevant in a resume. One applicant for a counseling job at a college added that she had "an interest in the Department of Recreation and would like to pursue my interests in my own time." It was a sentence better left out.

6. Always make your letter and resume attractive, clear and correct. I will never forget the person who sent a printed resume with a hole where she had cut out the address originally printed. Above the hole she had typed in a different address. The example is extreme — It has happened

See LETTER on page 5

#### LETTER - Tront paye 4

only once so far — but I recently saw a letter written on lined yellow paper, a mimeographed resume and a poorly reproduced letter with the name of the job scrawled across the top. The applicant had at least a bachelor's degree.

In designing your resume, pay attention to layout. Use capital letters, underlining and indentation to indicate major sections.

Proofread everything. Unless the reader cannot spell, you can count on a negative response to

misspelling.

A resume does not need to be printed, but typing is a must for both letter and resume. If at all possible, use a typewriter with a carbon ribbon. Good quality reproduction of the resume is also essential, preferably on heavy, off-white paper.

This list is obviously not comprehensive, but it calls attention to some important but widely neglected pointers. In many cases, following these pointers will dramatically improve a letter and resume. If you like the ideas but want extra help in preparing a top-notch application, try the following:

Talk with a counselor at a college placement office or at the

state employment service in your area.

 Take a course or workshop on job hunting at a local college.

 Read a good book on Job hunting. There are not very many, so go to a large bookstore or library, where the widest selection will be available.

Remember: It is not the most qualified person who gets the job, nor is it the most qualified applicant. Rather, it is the most qualified applicant who can communicate his or her qualifications.

It is the most qualified applicant who can communicate his or her qualifications that gets the job.

Before you even apply, find out as much as you can about the organization, the job and the type of person being sought. Try the following: If a job description is available, get it. At least get some information on the company or organization (from the public relations department, for example). If possible, talk to someone you know who works there and knows the score.

If you have some basic information, you will write a better application — you will know, for example, what the organization does or makes. You will also avoid little errors that can make a difference. (For example, you apply to Ozark Air Lines, but Trans World Airlines).

If you find out that the last person on the job could not motivate employees, you can give a little extra emphasis to your skills in this area in your application.

The preceding story was written by E. Michael Walsh, Ph.D., an Associate Professor in the School of Technical Careers at Southern Illinois University in Carbondale, Illinois. Walsh has taught job hunting workshops from Washington, D.C., to San Diego, Calif.

## DO'S AND DON'TS FOR JOB INTERVIEWING

### Do

- --Learn ahead of time as much as you can about the company. Know what goods it produces or what services it sells.
- -- Apply in person, and go alone.
- -- Be on time if you have a definite appointment--not too early, and not one minute late.
- -- Look your best--well-groomed and appropriately dressed.
- -- Apply for a specific kind of work.
- --Stress your qualifications for the job you want.
- --Review your past experience, training, and skills which would fit you for the job.
- --Bring your Personal Data Sheet with you.
- --Stress the contribution you can make and how you would be an asset to the company.
- -- Answer questions honestly and enthusiastically.
- --Maintain your poise and self-control. Taking a deep breath will help to overcome nervousness or shortness of breath.
- -- Indicate your flexibility and readiness to learn.
- -- Be positive in your attitude.
- -- Make your written application neat, complete, and accurate. Be sure persons know you have given their names as references.
- -- Make as many applications as you can.
- --Let as many people as possible know that you are in the market for a job.

### Don't

- -- Plead how much you need a job.
- -- Forget to speak clearly and loud enough for your interviewer to understand you.
- -- Dwell on your problems.
  - -- Hedge in answering questions.
  - -- Misrepresent facts; bluff; or be a "know-it-all".
  - --Overestimate your capabilities or be one of those who can do anything.
  - -- Try too hard to make an impression.
  - -- Talk too much or prolong the interview when it should be over.
- --Bring up the matter of wages or hours early in the interview.
- -- Display a feeling of inferiority.
- -- Argue with the interviewer.
- -- Balk at a request to take a physical examination.
- -- Feel that the world owes you a living or assume that the employer owes you a job.
- --Be discouraged if the first interview is unfavorable-or the second and third.
- -- Shut yourself off from outside contacts who might help you find a job.
- -- Fail to use all the community resources which exist to your benefit.
- -- Give up, ever.

- 1. Why should I hire you?
- 2. Are you interested in a permanent or temporary job?
- 3. In what position are you most interested?
- 4. What do you know about our company?
- 5. Why do you want to work for our company?
- 6. Why do you like this particular job?
- 7. Why are you leaving your present position?
- 8. Would you explain this gap in your job history?
- 9. What were your biggest accomplishments in your last job?
- 10. What features of your previous job did you dislike?
- 11. What position do you expect to have in five years?
- 12. What qualifications do you have to make you seccessful?
- 13. What do you think of your last supervisor?
- 14. Would you object working for a woman?
- 15. What is the lowest salary you would accept?
- 16. What jobs have you held previously? Why did you leave? Did you get along with your co-workers?
- 17. Briefly explain the types of jobs you have held?
- 18. Can you take criticism without getting your feelings hurt?
- 19. What are your future vocational plans?
- 20. What are your short-term goals in employment? (long-term goals?)
- 21. How will you get to and from work?
- 22. How about overtime?
- 23. Could you tell me something about yourself?

- 24. What are your strenghts and weaknesses?
- 25. What do you do in your spare time? Do you have any hobbies?
- 26. What was the last book you read, movie you saw, sport you attended, etc?
- 27. What subject did you like best in school?
- 28. Do you feel you have received a good general training?
- 29. What have you been doing during the periods that you were unemployed?
- 30. Why haven't you obtained a job so far?
- 31. Have you saved any money?
- 32. What would you do of you found someone stealing from the company?
- 33. How much time have you missed from work due to illness in the last year?
- 34. Have you ever received workman's compensation? Give date and details of injury.
- 35. What illness have you had in the last ten years? Physical handicaps? How will this affect your job performance?
- 36. How do you feel about your family?
- 37. If you could start all over again, what would you do differently?
- 38. Have you ever been arrested for drug usage? Explain.
- 39. Do you speak or write a foreign language?
- List honor, memberships, or extra-curricular activities you have participated in (high school, university, church, civic, social).

#### 

### PROJECT LINK - DALLAS

#### INTAKE APPLICATION

| PLI | EASE | PRINT |
|-----|------|-------|
| OR  | TYPE | 3     |

DATE:

| NAME:                                             |                                           | SS#               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| ADDRESS:                                          |                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CITY:                                             |                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| TELEPHONE: DAY                                    | EVE                                       | NING              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PRESENT AGE: SEX                                  | K: MARITAL S                              | ratus: s( ) M( )  | DIV( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| EMPLOYMENT RESTRICTION                            | NS OR LIMITATIONS:                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| DISABILITY: (PLEASE EXI                           | PLAIN FULLY)                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| MEDICATION: YES ( ) NO<br>If yes, type of medicat |                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| TYPE EMPLOYMENT REQUES                            |                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| DO YOU WANT: FULL TIME EXPLAIN:                   |                                           |                   | IF TEMPORARY,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| PRESENT STATUS: EMPLOY                            | (ED( ) UNEMPLOYED( )                      | STUDENT( ) OTHE   | R()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CHECK BOX/BOXES IF YOU FOOD STAMPS( ) SSI/SSI     |                                           |                   | 10 To |
| WHO REFERRED YOU TO L                             | INK?                                      |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ARE YOU ELIGIBLE FOR                              | THE TARGETED JOB TAX                      |                   | NO()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SKILL AREAS:                                      | er en | u - 1 C 1         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Typing Speed Dic<br>Key Punch Speed               | Ten Kev-By Touch                          | Bv Sight          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Programming Skill & Lo                            | ength of Experience                       |                   | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Word Processing & Len                             | gth of Experience                         |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Technical or Trade Sk                             | ills & Length of Exp                      | erience           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| VETERAN: YES( ) NO( )                             | SPECIFY: Viet Nam E                       | ra( ) Special Di  | sabled( ) Other(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FOREIGN LANGUAGES:                                |                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| DO YOU HAVE DRIVERS L                             | ICENSE? COMMERCIAL (                      | ) CHAUFFEURS( )   | OPERATORS ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| WILL YOU USE PUBLIC TO WORK?                      | RANSPORTATION? YES(                       | ) NO( ) IF NO, HO | W WILL YOU GET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Currently Stud                        | eck Correct Answer)<br>dent( ) High School or GED<br>e School or College( ) Gra | Graduate()   | Page 2<br>Withdrew Fro | m Schoo | 1( )          |
|---------------------------------------|---------------------------------------------------------------------------------|--------------|------------------------|---------|---------------|
| LAST HIGH SCHO                        | OOL ATTENDED:                                                                   | duated frage | School or              | Colleg  | e( )          |
|                                       | STATE:                                                                          |              |                        |         | -             |
| COLLEGE:                              | CITY:                                                                           | s            | TATE                   |         |               |
|                                       | NDED: DEGREE                                                                    |              |                        |         |               |
|                                       | , TECHNICAL, OR OTHER SCH                                                       |              | AND/OR VO              | LUNTEE  | R             |
| EMPLOYMENT HIS                        | * * * * * * * * * * * * * * * * * * *                                           | *            |                        |         |               |
|                                       |                                                                                 |              | Ending                 | , Rea   | son<br>Leavin |
| START WITH MOS                        | CO.:                                                                            | Job<br>Title | Ending                 |         |               |
| START WITH MOS                        | Company  Co.: Address:                                                          | Job<br>Title | Ending                 |         |               |
| START WITH MOS  Dates  Started        | Conpany  Co.: Address: Supervisor: Co.:                                         | Job<br>Title | Ending                 |         |               |
| START WITH MOS  Dates  Started  Ended | Company  Co.: Address: Supervisor: Address: Address:                            | Job<br>Title | Ending                 |         |               |

Phone:\_\_\_\_\_\_\_Supervisor:\_\_\_\_

Address\_\_\_\_

Supervisor:

Supervisor\_\_\_

Phone:

Co.:\_ Address:\_\_\_\_

Supervisor:

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Phone:\_

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Address:

Ended\_\_\_\_

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experience. (1) Name Address: Position: Phone :( )\_\_\_\_\_ How do you know this individual (be specific): (2) Name Position: Phone :( ) How do you know this individual (be specific): agree to furnish all information necessary in order for Mainstream's LINK to provide me with job placement services. I understand that this information is strictly confidential. My participation in this program is voluntary and any information given may be used solely for the purpose of job placement. Relevant information may be given to potential employers. Applicant Signature Date

List two individuals who may be contacted for references as to your work history, skills, habits, etc. Both should be former employers, if you have previous work

### DO NOT WRITE ON THIS PAGE !

| FOR OFFICE USE ONLY!             | INTERVIEW FORM | FOR OFFICE USE ONLY |
|----------------------------------|----------------|---------------------|
| Applicant Name:                  |                | Date:               |
| Applicant Personal Appearance:   |                |                     |
| Applicant Interest Areas:        |                |                     |
| Applicant Job Strengths:         |                |                     |
| Applicant Job Weaknesses:        | :              |                     |
| Career Objectives Short Term:    |                |                     |
| Long Term:                       |                |                     |
| 1. Time Appointment Scheduled:_  | Arrive         | ed:                 |
| 2. Resume: Yes( ) No( ) Comment  | ·              |                     |
| 3. Job Ready: Yes() No() Comm    | nent:          |                     |
| Date Available for Work:         |                |                     |
| Geographical Restrictions on Wor |                |                     |
| Accommodations Needed:           |                |                     |
| Comments:                        |                |                     |

#### **DEALING WITH STRESS**

May is National Mental Health Month, and the following are some helpful hints in dealing with stress:

- Recognize Your Emotions: Experiencing many conflicting feelings is common. Don't dwell on your feelings, but don't avoid them either.
- Deal With The Cause: Identify ways you can resolve or lessen the stress of a situation. If tension comes from a relationship with a person, talk out your differences. If tension comes from an unfinished project, restructure your time so you can get the job finished.
- Use Your Support System: Talk your problems over with someone you can trust. This can release pressure, make you feel better, help you see worries more objectively and figure out ways to handle the problem. If you don't have a support system, get one friends, family, a clergyman, therapist, anyone you can trust and feel comfortable with.
- Let Your Emotions Out: Identify a variety of ways to express your feelings appropriately. Cry, scream, or engage in a physical activity such as jogging, cleaning, walking, gardening. Working the emotions out of your system will leave you much better prepared to deal with the problem.
- Take Care Of Your Body: Exercise and recreation are essential for good physical and mental health. Plan to do something you enjoy as part of your regular routine, even if it's just enjoying a warm, relaxing bath. Eat sensibly and get plenty of rest. When your body is run down, things look worse than they really are and your ability to cope is hindered.
- Take Pride In Your Accomplishments: Look at your past and present successes at home and at work. Be proud of the good things you've done.

- Take One Thing At A Time: You can't always be running at high speed so allow for rest periods. If you have a number of "must-do" jobs, tackle them one at a time, in order of their importance. Set goals and then take time out to reward yourself for a job well done.
- Realize Your Limits: Don't take on more than you can handle. More stress is caused by leaving jobs unfinished than by turning the jobs down.
- Do Something For Others: If you feel yourself worrying about yourself all the time, try doing something for somebody else. It will make you feel better as well as making another person feel better.
- Escape For Awhile: It's good to put your mind on things other than your problems. Go to a movie, read a book, listen to music or lose yourself in an activity that is removed from the stress. It gives your mind a chance to rest so that when you come back to the problem you are better prepared to deal with it.
- Don't Try To Be Perfect: Go easy on yourself. No one is perfect, so why set yourself up for failure. Give yourself credit for the things you do well. Don't expect perfection from others either. It will only make you feel frustrated, let down and disappointed when they don't meet your expectations.
- Plan For Change: Dealing with the unexpected is a great source of stress, but you do have control over some stressors. Avoid making too many major changes at one time, and try to accept and prepare for the inevitable changes. Remember to allow for an adjustment period for each change.
- Develop A Positive Attitude: If you look on the bright side of things, you won't concentrate on failure. Positive emotions help fight stress and negative ones promote and produce stress.

## TEST YOUR STRESS FACTOR

65 points = Stress well under or higher control

55 - 60 points = Above average stress

40 - 50 points = Some presence of stress control

30 - 35 points = Borderline stress control

Adapted from a quiz developed by the Dartnell Institute of Business Research.

| Answer all questions yes or no | . A ' | "yes" | scores 5 | points and | a "no" | scores zero |
|--------------------------------|-------|-------|----------|------------|--------|-------------|
|--------------------------------|-------|-------|----------|------------|--------|-------------|

Do you delegate maximum responsibility and authority?
Do you take periodic work breaks to relax and recharge?

Do you generally stay cool in irritating situations?

Is your appetite and food intake normal and healthy?

Is your sex life satisfactory or better?

Is your sex life satisfactory or better?

Do you accept criticism calmly and positively?

Do you have hobbies or activities for enjoyment?

Do you take intelligent risks without undue anxiety?

Are you open-minded about opinions counter to your own?

\_\_\_\_\_ Do you face problems and make decisions without stalling or wavering?

Do you readily admit when you are wrong?
Are you friendly? Do you like most people?
Do you usually have plenty of pep and energy?

Do you usually react calmly and rationally when someone else blows up?

\_\_\_\_\_ Are you a good listener?

Do you enjoy spending time with your family?

\_ TOTAL SCORE

#### DALLAS CENTER FOR INDEPENDENT LIVING JOB CLUB

The materials in this package were developed by:

Cary Leverenz, DCIL Kathleen Love, Dallas Epilepsy Association John Weinland, Dallas Epilepsy Association

Pre-Vocational Training
New Directions in Epilepsy Rehabilitation

#### JOB CLUB

#### - People Ready to Work -

- I. Why are you here
  - A. Discussion
  - B. How to Achieve a Goal (Employment)
- II. Yourself
  - A. Myself assessment
  - B. Personality Inventory
  - C. Attitude Scale
  - D. Discussion
- III. Yourself and the Job You Want
  - A. Kinds of jobs
  - B. Information on a job that interest me
  - C. Obituary
  - D. Discussion
- IV. Where to fina a job
  - A. Looking for a job
  - B. Discussion
- V. The newspaper

What to look for and how to read the want-ads with Newspaper in hand

- VI. Prepare for an interview
  - A. Calling for an interview
  - B. Employer Contact Sheet
  - C. Vocabulary
  - D. Personal Data Sheet to be completed for next session
- VII. The Application

Application for Employment

- VIII. The Interview
  - A. Checlist
  - B. Dos and Don'ts
  - C. Mock Interviews using:
    - 1. Questions often asked by employers
    - Response Guide to Questions
  - D. Client is to have five questions about anything that has been covered

#### Review IX.

- A.
- В.
- Discuss clients questions Looking for a job Calling for an interview Continue mock interviews C.
- D.
- LINK applications (if appropriate)
- Field trip to Texas Employment Commission X.

  - Apply for their services Certify those who qualify for the tax credit B.

#### JOB CLUB OBJECTIVES - BOTH CLUBS

#### I. Why are you here

Client will be given information to help him decide if he does want to work.

#### II. Yourself

Client will be able to evaluate his own personal self as he relates to a possible work setting.

#### III Yourself and the job you want

Client will be able to match his personal self and employment skills to an appropriate position.

#### IV. Where to find a job

Client will be aware of all possible employment resources.

#### V. The newspaper

Client will be able to evaluate want-ads in the newspaper as well as know the terms and abbreviations used.

#### VI. Prepare for an interview

Client will have the knowledge of needed materials and appropriate vocabulary for an interview.

#### VII. The application

Client will be able to complete a job application form.

#### VIII. The Interview

Client will be able to complete a job interview and feel comfortable about it.

#### IX. Review

Any questions or concerns will be addressed for positive support on client's behalf.

#### X. Field trip

Client will be able to use TEC services and get his tax credit if he qualifies.

#### Review IX.

- A.
- В.
- C.
- D.
- Discuss clients questions
  Looking for a job
  Calling for an interview
  Continue mock interviews
  LINK applications (if appropriate) E.

#### Field trip to Texas Employment Commission Х.

- A.
- Apply for their services Certify those who qualify for the tax credit

# HOW TO ACHIEVE A GOAL

Here's a game plan of things you will do to achieve a goal. The rules you should follow to achieve your goal are:

RULE I. BEHAVIORALLY DEFINE THE GOAL.

RULE II. IDENTIFY AS MANY BEHAVIORS AS YOU CAN WHICH LEAD TO THE GOAL.

RULE III. PUT THE BEHAVIORS IN STEPS FROM LEAST TO MOST DIFFICULT.

RULE IV. GO BACK THROUGH THE LIST OF STEPS. REVISE AND REFINE THE STEPS. MODIFY THE STEPS SO THAT EACH STEP IS SLIGHTLY MORE DIFFICULT THAN THE PREVIOUS STEP. LEAVE OUT ANY UNNECESSARY STEPS. MAKE THE LAST STEP YOUR GOAL.

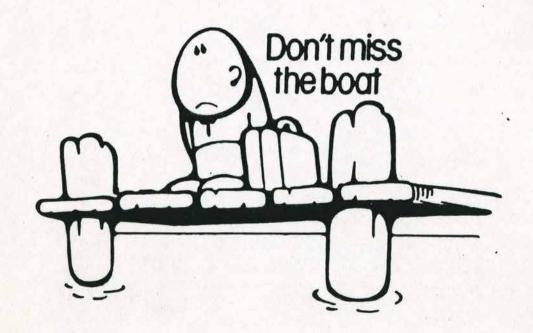
RULE V. SET A REASONABLE DEADLINE FOR EACH STEP.

RULE VI. STATE HOW MANY TIMES YOU WILL PRACTICE EACH STEP.

RULE VII. WORK.

RULE VIII. REVIEW AND REVISE IF NECESSARY.

RULE IX. ACHIEVE.



# MY SELF ASSESSMENT

| NAME             |          | f :: '   | eriti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |
|------------------|----------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|
| My Strong Points | Му       | Weak     | Points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |            |
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|                  |          | 855 SIL. | esta esperante de la composition della compositi | · \$11.#5.1 |            |

Do I use these as much as I could?

What am I doing about these?



# PERSONALITY INVENTORY

Please complete each sentence in your own words.

| If I could be any animal, I'd like to be a |                |
|--------------------------------------------|----------------|
|                                            |                |
| Why?                                       |                |
|                                            |                |
| I feel other people consider me to be      |                |
| The one thing I admire most in people is   |                |
|                                            | 5.5.计划的复数型     |
| What I feel I need most in this class is   | some products. |
|                                            | 而自由特殊的         |
| The person I would most like to be is      |                |
|                                            |                |
| My idea of a successful person is          |                |
| HERE ENGLISHED A THE RESIDENCE             |                |

# Attitude Scale

|                                                                                            | All of<br>the time | Most of<br>the time | Some of the time | None of<br>the time |
|--------------------------------------------------------------------------------------------|--------------------|---------------------|------------------|---------------------|
| 1. I know what I want in life.                                                             |                    |                     |                  |                     |
| <ol><li>My success depends mainly on<br/>me.</li></ol>                                     |                    |                     |                  |                     |
| <ol><li>Whatever I do, I do well.</li></ol>                                                |                    |                     |                  |                     |
| <ol> <li>I accept unpleasant tasks as<br/>part of life.</li> </ol>                         |                    |                     |                  |                     |
| <ol><li>I try to see the good side<br/>of unpleasant situations.</li></ol>                 |                    |                     |                  |                     |
| 6. I like myself.                                                                          |                    |                     |                  |                     |
| <ol> <li>I usually emphasize my strong<br/>points rather than my weak<br/>ones.</li> </ol> |                    |                     |                  |                     |
| <ol><li>I usually know how to solve<br/>my own problems.</li></ol>                         | 15                 |                     |                  |                     |
| <ol><li>When in trouble, I know<br/>where to turn.</li></ol>                               |                    |                     |                  |                     |
| <ol> <li>I get along well with my<br/>family and neighbors.</li> </ol>                     |                    |                     |                  |                     |
| <ol> <li>Work is more than making a<br/>living.</li> </ol>                                 |                    |                     |                  |                     |
| <ol><li>I feel as if I'm going to<br/>be successful.</li></ol>                             |                    |                     |                  |                     |
| 13. I like to help others.                                                                 |                    |                     |                  |                     |
| 14. I am honest with myself and others.                                                    |                    |                     |                  |                     |
| <ol> <li>I accept responsibility for<br/>my failures.</li> </ol>                           |                    |                     |                  |                     |
| 16. I observe common practices<br>for good health and follow<br>doctor's orders.           |                    |                     | (4)              |                     |
| 17. I am calm in times of crisis.                                                          |                    |                     |                  |                     |
| <ol> <li>I do something regularly for<br/>relaxation and recreation.</li> </ol>            |                    |                     | × 1              |                     |
| <ol><li>I am not nervous when I meet<br/>new people.</li></ol>                             |                    |                     |                  |                     |
| <ol><li>I am not afraid of new situa-<br/>tions.</li></ol>                                 |                    |                     |                  |                     |
| 21. I live within my income.                                                               |                    |                     |                  |                     |
| 22. My family helps me make important personal decisions.                                  |                    |                     |                  |                     |

|                                                                                          | All of the time | Most of<br>the time | Some of the time | None of<br>the time |
|------------------------------------------------------------------------------------------|-----------------|---------------------|------------------|---------------------|
| 23. My family shows concern for my welfare.                                              |                 |                     |                  |                     |
| <ol> <li>I look for ways to improve myself.</li> </ol>                                   |                 |                     |                  |                     |
| 25. I am neat and clean.                                                                 |                 |                     |                  |                     |
| 26. I trust most people.                                                                 |                 |                     |                  |                     |
| <ol><li>I get unpleasant tasks done<br/>first.</li></ol>                                 |                 |                     |                  |                     |
| <ol><li>I am on time for work or appointments.</li></ol>                                 |                 |                     |                  |                     |
| 29. I am usually cheerful.                                                               |                 |                     |                  |                     |
| <ol><li>I like people and people seem<br/>to like me.</li></ol>                          |                 |                     |                  |                     |
| <ol><li>I know where to go for<br/>health problems.</li></ol>                            |                 |                     |                  |                     |
| 32. I accept other people as they are.                                                   |                 |                     |                  |                     |
| 33. I find a friend to talk to<br>when I feel low rather than<br>withdrawing.            |                 | -                   |                  |                     |
| 34. I would want a boss or co-<br>worker to tell me if I were<br>not doing my job right. |                 |                     |                  |                     |
| 35. I want to get up and start<br>a new day.                                             |                 |                     |                  |                     |

Add the number of checks in each column. If you have a combined total of 26 or more checks in the "All of the time" and "Most of the time" columns, you have a good attitude about life and yourself.

If you have less than 26 checks in the first two columns, look at the checks in the "Some of the time" and "None of the time" colmuns. These are areas that could use some development.

# KINDS OF JOBS

A. Counselor

Nurse

Lawyer

Social Worker

Doctor

Teacher

Shows a preference for working with words and ideas as well as with people.

B. Bank Teller

Office Worker

Bookkeeper

Secretary

File Clerk

Typist

Jobs are clerical in nature, indicating an interest in office work and business practices.

C. Sales Real Estate

Jobs show a preference for working with people - the selling or promotional occupations.

D. Electrician

Design Flower Arrangements

Design Homes

Work with Furniture

Indicates a liking for working with your hands - an interest in creative activities.

E. Assembler

Laundry & Drycleaning Sewing Machine Operator

Dressmaker Painter

Sewing Machine Op

Phone Work

Truck Driver

Indicates that you probably have an interest in mechanical things - that you like to work with your hands and use tools and machinery.

F. Baby Sitter Housekeeper Maid

Shows a preference for working for people in their homes.

G. Beauty Shop Hospital Aide Nurses' Aide Waitress

Police

Implies a preference for working with people - the service occupations.

# Information on a Job that Interests Me

| 1.  | The job I want now is:                                                    |
|-----|---------------------------------------------------------------------------|
| 2.  | Physical requirements of the job are:                                     |
| 3.  | Can I meet all of the physical requirements of the job?                   |
| 4.  | Places I could find this job are:                                         |
| 5.  | Necessary personal tools and equipment for the job are:                   |
| 6.  | I expect to make \$ per hour.                                             |
|     | Health and other hazards found in this job are:                           |
| 8.  | Duties expected of me in this job are:                                    |
| 9.  | What special abilities are required?                                      |
| 10. | What personality traits are most helpful for this job?                    |
| 11. | What education or training is required for this occupation?               |
|     | High School: Apprenticeship: Vocational School: College: Graduate School: |
| 12. | Do I have to have a special license?                                      |
| 13. | Where can I get the appropriate education or license?                     |
|     |                                                                           |

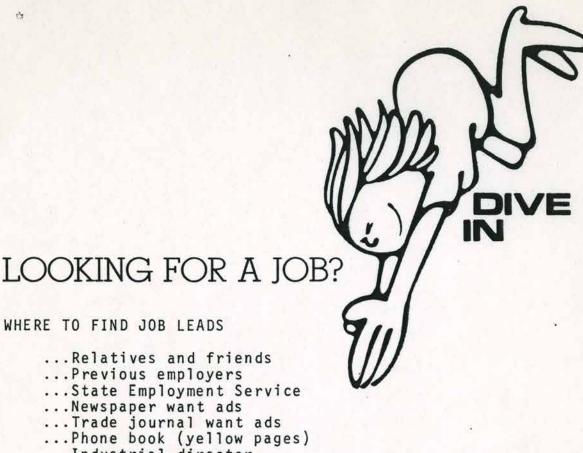
| 14. Fi  | ve aspects of | the job th  | at appeal | to me ar | e:        |           |  |
|---------|---------------|-------------|-----------|----------|-----------|-----------|--|
|         | Α.            |             |           |          |           |           |  |
|         | 3.            |             |           |          |           |           |  |
|         | C             |             |           |          |           |           |  |
|         | o. <b>.</b>   |             |           |          |           |           |  |
|         |               |             |           |          |           |           |  |
| 15. Two | disadvantage  | s I see in  | the job a | re:      |           |           |  |
|         | ١.            |             |           |          |           |           |  |
| I       | 3.            |             |           |          |           |           |  |
| 16. Cor | pare your fin | dings about | the job   | with you | r Self As | sessment. |  |
| 1       | o I qualify?_ |             | If not, w | hy not?  |           |           |  |
| · )     | ould I be hap | py with thi | s job?    |          | If not, w | hy not? _ |  |

# OBITUARY

Suppose someone picked up a newspaper and read your obituary. What would you like them to read? Write your own obituary by completing these sentences.

| One of our loca                      | l residents,    |               | , d            |
|--------------------------------------|-----------------|---------------|----------------|
| yesterday at th                      | e age of        | He is         | survived by    |
|                                      |                 |               |                |
| At the time of                       | his death he wa | s attempting  | to achieve     |
|                                      |                 |               |                |
| Those who were                       | close to him wi | ll miss him a | reatly because |
|                                      | close to him wi | -             |                |
| he was the kind                      | of person who   | ,             |                |
| he was the kind  The thing he wa     |                 | accomplishin  | g in his life  |
| he was the kind  The thing he wa was | of person who s | accomplishin  | g in his life  |

<sup>\*</sup>This activity was adapted in part from an exercise entitled "Obituary" by Sidney B. Simon, Leland W. Howe, and Howard Kirschenbaum in Values Clarification, Hart Publishing Co., Inc., New York, New York, 1972



### WHERE TO FIND JOB LEADS

... Relatives and friends

... Previous employers

... State Employment Service

... Newspaper want ads

...Trade journal want ads ...Phone book (yellow pages) ...Industrial director

...Labor union or professional organization

... Chamber of Commerce

... Service Clubs

...Civil Service Commissions (local, state, federal)

... School placement offices

... Private employment agencies

... Church affiliations

... Newspaper articles about new businesses or growth of existing business

...Business and occupational directories

...Your TRC Counselor or Employment Specialist

#### WHERE TO GET INFORMATION ABOUT EMPLOYERS

...Better Business Bureau

... Telephone Book

... Manufacturers Director

... Chamber of Commerce

...Organizations (civic, religious, service)

... State Employment Service

... Personnel Manager

... Trade Journals

...Labor Union ...Civil Service Commissions

... TRC Counselor or Employment Specialist

... Employer Associations

... Former Employees of the Company

#### Some things to remember BEFORE you call:

- 1. Have the correct phone number.
- Have your Personal Data Sheet with you. Who knows what you'll be asked.
- Have a pen and paper with you to write down information. Employers don't like to "hold on just a minute" while you hunt for them.
- 4. Speak clearly and slowly. Make sure your brain is in gear before putting your mouth into motion.
- Use a phone where there are no distractions such as a loud radio, TV, elephants, wrestling match, etc.
- Be courteous and polite.
- Do not have anything in your mouth (cigarettes, gum, tobacco, etc.)
- When you are finished with your call hang the receiver up <u>lightly</u>. Don't shatter the potential employer's eardrum.

#### Making the call:

| 1. | My name is                                               |           |  |
|----|----------------------------------------------------------|-----------|--|
| 2. | I am calling about your ad in the paper for theposition. |           |  |
| 3. | Has that position been filled?                           |           |  |
| 4. | Are you still accepting applications?                    |           |  |
| 5. | I have had experience working at,and                     | _ where I |  |
| 6. | When may I come in for an interview?                     |           |  |
| 7. | What is the address?                                     |           |  |
| 8. | Whom should I ask to see?                                |           |  |
| 9. | Thank you. I will see you at (time) on (day).            |           |  |

#### EMPLOYER CONTACT SHEET

| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date/Time |  |
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| Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |  |
| Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |  |
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| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date/Time |  |
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| NO A STATE OF THE |           |  |
| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date/Time |  |
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| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date/Time |  |
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| Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |  |
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| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date/Time |  |
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| Result:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |  |

- ACCOMPLISHMENT: A major task completed.
- APPLICATION: Paper you have to fill our for a job. You must answer all of the questions.
- APPROPRIATE APPEARANCE: Looking and being dressed right for a job interview or work.
- 4. ARRESTED: Trouble with the police, put in jail.
- CHRONIC AILMENT: Pain or disease you have had for a long time, or happens often.
- 6. CONFIDENTIAL: Private information.
- 7. CONGENITAL: Since you were born.
- 8. EDUCATION: Schooling.
- 9. GAP: Time between jobs.
- 10. GRADUATED: Did you finish school?
- 11. HOBBIES: What you like to do when you're not at work. For example, reading, swimming, sports, needlework, music, photography, etc.
- 12. N/A: Not applicable, does not apply to you.
- P/R: Piece rate, pay for each completed piece.
- 14. POSITION: The job you are applying for.
- 15. PRESENT ADDRESS: Where you live now.
- 16. PREVIOUS ADDRESS: Where you lived before.
- 17. PRIOR: Before.
- 18. PROBATIONARE or "TRY-OUT TIME": Time at work to see if you are a good employee, usually the first three months.
- 19. RATE OF PAY: How much did you make per hour.
- 20. REFERENCES: People who know you, and will tell the boss you will be a good employee.
- 21. SUPERVISOR: Your boss.
- 22. UNEMPLOYED: Not working.
- 23. WORKMAN'S COMPENSATION: Money received from your employer because you were hurt or injured on the job.

| Name                                    |                                          |                      |           |           |      |               |
|-----------------------------------------|------------------------------------------|----------------------|-----------|-----------|------|---------------|
| Address                                 |                                          |                      |           |           |      |               |
| Addressstreet Telephone No              | Social Sec                               | ty si<br>urity No    | tate z    | ip        |      |               |
| Birthdate                               |                                          |                      |           |           |      |               |
| EUDCATIONAL BACKGROU                    | JND                                      |                      |           |           |      |               |
| Type of School                          | Name and Addr                            | ess                  | Years A   | ttended   | Gra  | duated        |
| Grammer                                 |                                          |                      |           |           |      |               |
| High School                             |                                          |                      |           |           |      |               |
| College                                 |                                          |                      |           |           |      |               |
| Post Graduate                           |                                          |                      |           |           |      |               |
| Business or Trade                       |                                          |                      |           |           |      |               |
| Other                                   | *                                        |                      |           |           |      |               |
| Dates<br>From To                        | Name and Address<br>of Employers         |                      | Phone     | Supervi   | isor | Rate o<br>Pay |
|                                         |                                          |                      |           |           |      |               |
|                                         |                                          |                      |           | 44118     |      |               |
|                                         |                                          | 11.5                 |           |           |      |               |
| PERSONAL REFERENCES<br>Someone you have | (Excluding former of known for more that | employer<br>an 1 yea | rs and re | elatives) | )    |               |
| Name and Occupation                     | n                                        | Addres               | SS        | F         | hone |               |
| 1.                                      |                                          |                      |           |           |      |               |
| 2.                                      |                                          |                      |           |           |      |               |
| 3.                                      |                                          |                      |           |           |      |               |
| In case of emergency<br>RELATIVE        | , who can we notify                      | y?                   |           |           |      |               |
| Name<br>PHYSICIAN                       | Address                                  | S                    | ,         | F         | hone |               |
| . Name                                  | Address                                  | s                    |           | F         | hone |               |

# application for employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

| Date                             |                                                  | Socia                                                                 | Number                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |
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|                                  | First                                            | Tito.                                                                 | Middle                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12                                                                                                                                                                                                                                                                                            |
| Street                           | -                                                | City                                                                  | *                                                                                                                       | State                                                                                                                                                                                                                 | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                             |
|                                  |                                                  |                                                                       |                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |
|                                  | aight                                            | City                                                                  | Weight                                                                                                                  | State                                                                                                                                                                                                                 | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11                                                                                                                                                                                                                                                                                            |
| Relatives, Other<br>This Company |                                                  |                                                                       | Weight                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |
|                                  |                                                  | De la                                                                 |                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |
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|                                  |                                                  |                                                                       |                                                                                                                         | Salary<br>Desired                                                                                                                                                                                                     | ed l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|                                  | If So                                            | May We                                                                | Inquire<br>at Employer                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |
|                                  |                                                  |                                                                       |                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |
| e?                               |                                                  | Where                                                                 |                                                                                                                         | When                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                                                                                                                                                                                                                                                                                             |
| Name and Location                | on of School                                     |                                                                       | Circle<br>Last Year<br>Completed                                                                                        | Did You<br>Graduate?                                                                                                                                                                                                  | Subjects Studie<br>Degree(s) Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |
|                                  |                                                  | 196                                                                   |                                                                                                                         | □ Yes                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y.                                                                                                                                                                                                                                                                                            |
| -                                |                                                  |                                                                       |                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |
|                                  |                                                  |                                                                       | 1 2 3 4                                                                                                                 | □ Yes                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |
|                                  |                                                  |                                                                       | 1 2 3 4                                                                                                                 | □ Yes                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |
|                                  |                                                  |                                                                       | 1 2 3 4                                                                                                                 | □ Yes                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |
|                                  | Street  Street  He Relatives, Other This Company | Street  Street  Height Relatives, Other This Company  Date Can  If So | Street City  Street City  Height  Relatives, Other This Company  Date You Can Start  If So May We of Your Preser  Where | Street City  Street City  Height Weight  Relatives, Other This Company  Date You Can Start  If So May We Inquire of Your Present Employer  e? Where  Name and Location of School  Circle Last Year Completed  1 2 3 4 | Street City State  Street City State  Height Weight  Relatives, Other This Company  Date You Can Start Desired  If So May We Inquire of Your Present Employer  Where When  Name and Location of School Circle Last Year Completed Graduate?    Yes   No     1 2 3 4   Yes   No   Yes   No     1 2 3 4   Yes   No   Yes   No | Street City State Zip  Street City State Zip  Street City State Zip  Height Weight  Relatives, Other This Company  Date You Can Start Desired  If So May We Inquire of Your Present Employer  Re? Where When  Circle Last Year Completed Graduate? Subjects Studing Degree(s) Rec    Yes   No |

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# CHECKLIST

| Bathe or shower regularly  Use a deodorant  Underwear is clean  Wash hair regularly  Hair is neat and trim  Hair is combed/brushed  Brush teeth regularly | POOR      | ENT AVG.                             | EXCELLE                                        | ITEM RATING:            | J    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|------------------------------------------------|-------------------------|------|
| Underwear is clean  Wash hair regularly  Hair is neat and trim  Hair is combed/brushed                                                                    | /         | - 1-0,                               | ly                                             | Bathe or shower regular |      |
| Wash hair regularly  Hair is neat and trim  Hair is combed/brushed                                                                                        |           |                                      |                                                | . Use a deodorant       |      |
| Hair is neat and trimHair is combed/brushed                                                                                                               |           |                                      | AND THE RESERVE                                | Underwear is clean      | . 1  |
| Hair is combed/brushed                                                                                                                                    |           |                                      |                                                | Wash hair regularly     |      |
|                                                                                                                                                           |           |                                      |                                                | Hair is neat and trim   | ŀ    |
| Brush teeth regularly                                                                                                                                     |           | Alexandra (1911)<br>Alexandra (1911) | magan pangangan pangangan<br>Tanggan pangangan | Hair is combed/brushed  | 1 mg |
|                                                                                                                                                           |           |                                      |                                                | Brush teeth regularly   |      |
| Men: Shave regularly                                                                                                                                      |           |                                      |                                                | Men: Shave regularly    |      |
| Women: Make-up neat                                                                                                                                       |           |                                      | <u> </u>                                       | Women: Make-up neat     |      |
| Fingernails evenly cut                                                                                                                                    |           |                                      |                                                | Fingernails evenly cut  | - 1  |
| Fingernails and hands clean                                                                                                                               |           |                                      | lean                                           | Fingernails and hands c | F    |
| Ears clean                                                                                                                                                |           |                                      |                                                | Ears clean              | F    |
| Clothes clean and pressed                                                                                                                                 |           | ****                                 | e d                                            | Clothes clean and press | (    |
| Style is right for job                                                                                                                                    |           |                                      | 1 × 1 × 1                                      | Style is right for job  |      |
| Clothes fit well                                                                                                                                          |           |                                      |                                                | Clothes fit well        |      |
| Shoes in good repair                                                                                                                                      |           | <u> </u>                             |                                                | Shoes in good repair    |      |
| Purse or wallet orderly                                                                                                                                   |           |                                      | · <u></u>                                      | Purse or wallet orderly |      |
| Working pen with me                                                                                                                                       | *         |                                      | <u></u>                                        | Working pen with me     |      |
| Good posture                                                                                                                                              |           |                                      |                                                | Good posture            |      |
| Firm handshake                                                                                                                                            |           |                                      |                                                | Firm handshake          | - /1 |
| Working pen with me  Good posture  Firm handshake  Good eye contact                                                                                       |           |                                      | 44 : <u> </u>                                  | Good eye contact        | ,    |
|                                                                                                                                                           | The Table |                                      |                                                |                         |      |
|                                                                                                                                                           |           |                                      |                                                |                         |      |

#### WHAT TO LOOK FOR IN AN INTERVIEW

#### I. Appearance

#### A. Dress

1. clothes clean and neatly pressed

appropriate attire for type of position you are applying: (example)

 a) office job - shirt and tie with dress slacks; female - nice dress or skirt and blouse or pant suit

b) executive or management position suit for male or female

c) restaurant worker - male: dress slacks and shirt - tie and nice shoes are not necessary but stay away from blue jeans and t-shirts and tennis shoes.

female: skirt and blouse or nice slacks and blouse

3. color coordination

 a) solid basic colors are easiest - browns, blacks, tan, navy blue, grey, etc.

b) shoes and socks should match; females should have nylons

c) belt if skirt or slacks require one

#### B. Hair

1. males:

a) neatly trimmed - not below collar or ear lobes

- b) clean shaven or mustaches neatly trimmed not to exceed lip or corners of mouth.
- c) washed and neatly groomed

2. females:

 a) washed and neatly groomed; long hair should be out of the face or pulled back or up

b) legs and underarms should be clean shaven

C. Face and Hands

1. washed and fresh; free of blemishes

2. females should use light makeup

hands should be clean and well manicured; finger-nails clean

#### II. Posture

A. Walking

- 1. stand straight walk with head up be proud
- briskly with energy not tired or listless

B. Sitting

- back straight; not slouched
- 2. feet flat on the floor
- 3. hands in your lap; folded

III. Eye Contact and Facial Expressions

A. look directly at the person interviewing; hold your head up

B. smile; indicate you like people

C. don't squint, wrinkle your nose ar raise your eyebrows

IV. Voice Tone, Diction and Vocabulary

A. friendly greeting - "Hello"

- B. speak clearly and at a level that is pleasant (don't mumble, but not too loud)
- C. use word choices that you feel comfortable with, but avoid slangs, such as:

1. ain't

double negatives; "don't know nothing"

D. use sir, mam, miss, please, thank you and other cordial expressions

V. Confidence and Attitude

A. be confident in yourself and the type of job you can do, an employer can tell if you are and then they are confident in you also

B. let them know that you like people and the kind of work you do

C. let them know that you really want the job

- D. emphasize what you liked about your last job; demonstrate a positive attitude
- VI. Neatness and Thoughness of Application

A. neatly printed, written or typed

B. correct spelling

C. complete answers

D. proper sentence structures

E. dates of employment are correct

F. reasons for leaving jobs truthful

G. rates of pay are correct

H. names of immediate supervisors listed

VII. Punctuality and Dependability

A. All employers want to hire someone they can depend on. Indicate to them that you are reliable.

B. It is also important to be on time to work. Assure the new employer that you have reliable transportation and will always be able to arrive to work on time.

VIII. Job Knowledge and Skills

A. Demonstrate that you know how to perform any specific jobs.

B. Indicate your thoroughness and speed

# DO'S AND DON'TS FOR JOB INTERVIEWING

## Do

- --Learn ahead of time as much as you can about the company. Know what goods it produces or what services it sells.
- -- Apply in person, and go alone.
- --Be on time if you have a definite appointment--not too early, and not one minute late.
- --Look your best--well-groomed and appropriately dressed.
- -- Apply for a specific kind of work.
- --Stress your qualifications for the job you want.
- --Review your past experience, training, and skills which would fit you for the job.
- --Bring your Personal Data Sheet with you.
- --Stress the contribution you can make and how you would be an asset to the company.
- -- Answer questions honestly and enthusiastically.
- --Maintain your poise and self-control. Taking a deep breath will help to overcome nervousness or shortness of breath.
- -- Indicate your flexibility and readiness to learn.
- --Be positive in your attitude.
- --Make your written application neat, complete, and accurate. Be sure persons know you have given their names as references.
- --Make as many applications as you can.
- --Let as many people as possible know that you are in the market for a job.

## Don't

- -- Plead how much you need a job.
- --Forget to speak clearly and loud enough for your interviewer to understand you.
- -- Dwell on your problems.
  - -- Hedge in answering questions.
- -- Misrepresent facts; bluff; or be a "know-it-all".
- --Overestimate your capabilities or be one of those who can do anything.
- -- Try too hard to make an impression.
- --Talk too much or prolong the interview when it should be over.
- --Bring up the matter of wages or hours early in the interview.
  - --Display a feeling of inferiority.
  - -- Argue with the interviewer.
- --Balk at a request to take a physical examination.
  - -- Feel that the world owes you a living or assume that the employer owes you a job.
  - --Be discouraged if the first interview is unfavorable-or the second and third.
- --Shut yourself off from outside contacts who might help you find a job.
- --Fail to use all the community resources which exist to your benefit.
- -- Give up, ever.

- 1. Why should I hire you?
- 2. Are you interested in a permanent or temporary job?
- 3. In what position are you most interested?
- 4. What do you know about our company?
- 5. Why do you want to work for our company?
- 6. Why do you like this particular job?
- 7. Why are you leaving your present position?
- 8. Would you explain this gap in your job history?
- 9. What were your biggest accomplishments in your last job?
- 10. What features of your previous job did you dislike?
- 11. What position do you expect to have in five years?
- 12. What qualifications do you have to make you seccessful?
- 13. What do you think of your last supervisor?
- 14. Would you object working for a woman?
- 15. What is the lowest salary you would accept?
- 16. What jobs have you held previously? Why did you leave? Did you get along with your co-workers?
- 17. Briefly explain the types of jobs you have held?
- 18. Can you take criticism without getting your feelings hurt?
- 19. What are your future vocational plans?
- 20. What are your short-term goals in employment? (long-term goals?)
- 21. How will you get to and from work?
- 22. How about overtime?
- 23. Could you tell me something about yourself?

- 24. What are your strenghts and weaknesses?
- 25. What do you do in your spare time? Do you have any hobbies?
- 26. What was the last book you read, movie you saw, sport you attended, etc?
- 27. What subject did you like best in school?
- 28. Do you feel you have received a good general training?
- 29. What have you been doing during the periods that you were unemployed?
- 30. Why haven't you obtained a job so far?
- 31. Have you saved any money?
- 32. What would you do of you found someone stealing from the company?
- 33. How much time have you missed from work due to illness in the last year?
- 34. Have you ever received workman's compensation? Give date and details of injury.
  - 35. What illness have you had in the last ten years? Physical handicaps? How will this affect your job performance?
- 36. How do you feel about your family?
- 37. If you could start all over again, what would you do differently?
- 38. Have you ever been arrested for drug usage? Explain.
- 39. Do you speak or write a foreign language?
- List honor, memberships, or extra-curricular activities you have participated in (high school, university, church, civic, social).

#### INTERVIEWING QUESTIONS

- I. Level and Complexity of Work
  - A. What was your job at XYZ Company?
  - B. Could you describe a typical day?
  - C. What things took up most of your time?
- II. Job Responsibilities
  - A. Can you tell me a little about your boss's job?
  - B. How much did you talk to your boss in one day?
  - C. How much did your boss leave you alone?
- III. Motivation
  - A. How did you happen to go into that job in the first place?-
  - B. What attracted you to that kind of work?
  - C. When did you first think of leaving?
  - D. Why did you decide to make a change?
  - E. Describe what you would consider to be the perfect job for you.
- IV. Attitudes and Feelings
  - A. What did you like best about the job?
  - B. What kind of things didn't you like about the job?
  - C. How did you feel about your boss?
  - D. How did you feel about the people you worked with? Was there one person you liked more than the others? Why?
  - E. How did you feel about the progress you made?
  - F. In the last 6 months, how many times did you call in sick?
  - G. In the last 6 months, how many times were you late to work?
- V. Effectiveness on the Job
  - A. What was the lowest pay rate you have received?
  - B. What is the highest pay rate you have received?
  - C. What type of grades did you make?
  - D. What kind activities were you involved in besides regular courses of study?
  - E. What, if any sports are you involved in?
- VII. Outside Interests
  - A. What kind of things do you like to do with your time?
  - B. How did you get interested in these?

# RESPONSE GUIDE FOR QUESTIONS EMPLOYERS OFTEN ASK

1. Why do you want to work?

#### The employer asks this to find out:

If you have a good attitude toward work,
If you have recognized responsibilities to your family
 and other people,
If you want work to be an important and permanent part
 of your life.

#### More Effective Answers

To provide for my family. I like work. I enjoy doing something worthwhile.

#### Less Effective Answers

I need the money.
I have to pay off debts.
I need to get off Welfare.
I was sent by TRC.

2. Why do you think you would like to work here?

#### The employer asks this to find out:

If you are really interested in this particular company, If you have a general understanding of what the company does, If you have positive attitudes toward the company.

#### More Effective Answers

This is a successful company with a good future. This company has a reputation for fairness to its employees.

#### Less Effective Answers

The job pays well.
I have a friend here.
I just want to work, but I don't care where.

3. Why did you decide to do this kind of work?

#### The employer asks this to find out:

If you have a real interest in this particular kind of work, If you have made a decision based on a good deal of thought.

#### More Effective Answers

This is the kind of work in which I can take pride.
I have a real interest in this kind of work.

I think that I have ability in this area. I have experience in this type of work.

#### Less Effective Answers

Training for this kind of job
was the only kind of training I could handle.
The counselor decided for me.
This was the only kind of work
available.

4. Why do you think you are qualified for this job?

#### The employer asks this to find out:

If you have confidence,
If you have a realistic attitude about your abilities,
To give you an opportunity to explain special qualities
you have that might qualify you for the job.

#### More Effective Answers

I had good training.
I have successful experience in this area.
I have the interest and desire to do this type of work.

#### Less Effective Answers

I am not sure I am qualified. This kind of job seems easy.

5. What are your long range vocational plans?

#### The employer asks this to find out:

If you have energy and ambition that will benefit the company, If you will probably stay with the company for a significant period of time.

#### More Effective Answers

I want to improve in my work.
I want to learn more about this vocational field.
I want to take on greater responsibilities.

#### Less Effective Answers

I want to just keep working.
I want to make more money.
I want to work until Christmas.

6. How have previous employers treated you?

#### The employer asks this to find out:

If you have positive attitudes and loyalty toward your employers.

If you are level-headed,

If you have realistic expectations about working for other people.

#### More Effective Answers

## Less Effective Answers

The work demands were reasonable. I was treated fairly. The employers taught me a great deal.

I was taken advantage of. I was poorly supervised.

7. How do you usually get along with other people on the job? The employer asks this to find out:

If you are cooperative, If you are able to relate to others.

#### More Effective Answers

#### Less Effective Answers

I can make whatever adjust- If they don't bother me I ments are necessary to get the job done. I like different kinds of people.

I am easy to get along with.

won't bother them. I get along okay. I don't like to work with other people.

How do you feel about working overtime or on holidays? The employer asks this to find out:

If you are willing to make sacrifices for the company if necessary, If you are really dedicated to the job.

#### More Effective Answers

I prefer not to do this regularly but if needed I will.
I realize that it is necessary at times in

this field.

#### Less Effective Answers

I will if I am paid overtime. Absolutely not.

9. Do you have reliable transportation?

#### The employer asks this to find out:

If you have good transportation,
If you have a backup plan in case your usual transportation
fails.

#### More Effective Answers

I use my car or the bus.

If I run into problems I can depend on friends, relatives, or I can take a taxi.

#### Less Effective Answers

I can take the bus unless there is a strike, then I don't know.
I have a car unless it breaks down.

10. Why haven't you worked recently?

#### The employer asks this to find out:

If you have good reasons for being out of work.

#### More Effective Answers

I was preparing for a good job by furthering my education or participating in a vocational rehabilitation program.

I have been a housewife but now want to work.

#### Less Effective Answers

I have been too sick.
I have had babysitter problems.
I have had family trouble.
I couldn't find work.

11. Why were you a client of the Texas Rehabilitation Commission?

#### The employer asks this to find out:

Whether or not your problem is serious enough to now effect your ability to perform well on the job, If you had positive work-related reasons.

#### More Effective Answers

#### Less Effective Answers

I had too many family pressures, but have resolved these. I had become nervous and depressed, but am doing much better now. They helped me prepare for work.

They had training. I was sick and helpless.

12. Do you have any problems now that might interfere with your work?

#### . The employer asks this to find out:

If you have a realistic and positive attitude toward your problems, If you will be dependable in work attendance.

#### More Effective Answers

#### Less Effective Answers

No, I have been able to I have been able to I am still nervo overcome my problems. I am still sick. None of my problems would keep me from work.

I am still nervous and depressed.

Are there any family problems that might interfere with 13. your work?

#### The employer asks this to find out:

If you have built-in recurring problem sources, If you will be able to handle expectations at work if problems develop at home.

#### More Effective Answers

If problems arise I will
be sure to make necessary adjustments.

I don't have serious family problems.

I am able to keep my job
and family separate.

#### Less Effective Answers

I have trouble with my ex-husband.

My children get sick frequently.

14. What arrangements have you made for your children while you are at work?

#### The employer asks this to find out:

If your child care arrangements are reliable,
If you are personally satisfied that there will be no
 babysitter problem,
If you have a backup loan in case current arrangements
 fail.

#### More Effective Answers

I have a reliable babysitter or day care center with a backup sitter. I have friends or rela-

needed.

#### Less Effective Answers

I have one babysitter. My kids can get by on their own.

15. How do you spend your spare time?

tives who will help if

#### The employer asks this to find out:

If you are a basically responsible person. If you have all over good character and stability.

#### More Effective Answers

I am involved with home projects.
I like to read.
I am involved with family activities.

#### Less Effective Answers

I watch T.V I go out a lot. I like to drink beer.

Adapted from a portion of a doctoral dissertation by Robert L. Hiner: "Modeling Plus Behavior Rehearsal As a Job Interview Training Procedure for the Disadvantaged/Disabled," 1976.

# FOR OFFICE USE ONLY: (1) RS\_\_\_\_ (7) FS\_\_\_ (2) TJTC\_\_ (8) EG\_\_\_ (3) JC\_\_\_ (9) VG\_\_\_ (4) S\_\_\_\_ (10) LF\_\_\_ (5) A\_\_\_\_ (11) UIC\_\_\_ (6) ES\_\_\_\_ (12) LS\_\_\_\_

## PROJECT LINK - DALLAS

#### INTAKE APPLICATION

| PL | EAS | SE  | PR | INT |
|----|-----|-----|----|-----|
| OR | T   | Y P | E  |     |

DATE:

| NAME:                                         |                     | SS#                                       |
|-----------------------------------------------|---------------------|-------------------------------------------|
| ADDRESS:                                      |                     |                                           |
| CITY:                                         | STATE:              | ZIP:                                      |
| TELEPHONE: DAY                                | EV                  | ENING                                     |
| PRESENT AGE: SEX                              | : MARITAL           | STATUS: S( ) M( ) DIV( )                  |
|                                               |                     |                                           |
| DISABILITY: (PLEASE EXP                       | LAIN FULLY)         |                                           |
|                                               |                     | YES( )NO( ) COPY ENCLOSED                 |
|                                               |                     |                                           |
| DO YOU WANT: FULL TIME EXPLAIN:               |                     | UMMER() TEMP.() IF TEMPORARY,             |
| PRESENT STATUS: EMPLOY                        |                     | ) STUDENT( ) OTHER( )                     |
| CHECK BOX/BOXES IF YOU FOOD STAMPS( ) SSI/SSD |                     | EMPLOYMENT BENEFITS() ENSATION() OTHER()  |
| WHO REFERRED YOU TO LI                        | NK?                 |                                           |
| ARE YOU ELIGIBLE FOR T                        | HE TARGETED JOB TA  | X CREDIT? YES( ) NO( )                    |
| SKILL AREAS:                                  |                     |                                           |
| *Typing Speed Dic<br>Key Punch Speed          | Ten Key-Ry Touch    | Ry Sight                                  |
| Programming Skill & Le                        | ngth of Experience  | 2, 57, 57, 57, 57, 57, 57, 57, 57, 57, 57 |
| "Word Processing & Leng                       | th of Experience_   |                                           |
| *Technical or Trade Ski                       | .lls & Length of Ex | operience                                 |
|                                               |                     | Era() Special Disabled() Other(           |
| FOREIGN LANGUAGES:                            |                     |                                           |
| DO YOU HAVE DRIVERS LI                        | CENSE? COMMERCIA    | L() CHAUFFEURS() OPERATORS()              |
| WILL YOU USE PUBLIC TR                        |                     | ( ) NO( ) IF NO, HOW WILL YOU GET         |

| Accended Trade | ent() High School o<br>School or College(<br>OL ATTENDED: | ) Graduated | Trade        | School or | m School( ) College( ) |
|----------------|-----------------------------------------------------------|-------------|--------------|-----------|------------------------|
|                | STATE:                                                    |             |              |           |                        |
| COLLEGE:       | с                                                         | ITY:        | S'           | TATE      |                        |
|                | DED: DE                                                   |             |              |           |                        |
|                | TECHNICAL, OR OTHE                                        |             | TTENDED      | AND/OR VO | LUNTEER                |
| EMPLOYMENT HIS |                                                           |             |              |           |                        |
| Dates          | Company                                                   | H RESUME IF | Job<br>Title | Ending    | . Reason for Leavin    |
| StartedEnded   |                                                           |             |              |           |                        |
| StartedEnded   | Address:                                                  |             |              |           |                        |
| Started        | Co.:Address:                                              |             |              |           |                        |
| Ended          | Phone: Supervisor:                                        |             |              |           |                        |
|                | Phone: Supervisor: Co.: Address                           |             |              |           |                        |

Supervisor:

Co.:\_\_\_\_\_Address:\_\_\_\_\_

Address:

Supervisor:

Phone: Supervisor\_\_\_\_

Co.:\_\_\_

Phone:

Started\_\_\_\_

Ended\_\_\_\_

Started\_\_\_\_

Ended

List two individuals who may be contacted for references as to your work history, skills, habits, etc. Both should be former employers, if you have previous work experience. Address: Position: Phone :( ) How do you know this individual (be specific): (2) Name Address: Position: Phone :( ) How do you know this individual (be specific): agree to furnish all information necessary in order for Mainstream's LINK to provide me with job placement services. I understand that this information is strictly confidential. My participation in this program is voluntary and any information given may be used solely for the purpose of job placement. Relevant information may be given to potential employers.

Date

Applicant Signature

#### DO NOT WRITE ON THIS PAGE !

| FOR OFFICE USE ONLY!             | INTERVIEW FORM | FOR OFFICE USE ONLY |
|----------------------------------|----------------|---------------------|
| Applicant Name:                  |                | Date:               |
| Applicant Personal Appearance:   |                |                     |
| Applicant Interest Areas:        |                |                     |
| Applicant Job Strengths:         |                |                     |
| Applicant Job Weaknesses:        |                |                     |
| Career Objectives                |                |                     |
| Short Term:                      |                |                     |
| Long Term:                       |                |                     |
| 1. Time Appointment Scheduled:_  | Arrive         | d:                  |
| 2. Resume: Yes( ) No( ) Comment  | :              |                     |
| 3. Job Ready: Yes() No() Comm    | ent:           |                     |
| Date Available for Work:         | * * * * * * *  | n Madar             |
|                                  |                | n rode:             |
| Geographical Restrictions on Wor |                |                     |
| Accommodations Needed:           |                |                     |
| Comments:                        |                |                     |

#### JOB CLUB - SCHE DULE 1986

#### - People Ready to Work -

| I.   | Why are you here                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      | A. Discussion B. How to Achieve a Goal (Employment)                                                                           | 19 3/20 5/9 8/1/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| II.  | Yourself                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | A. Myself assessment B. Personality Inventory C. Attitude Scale D. Discussion                                                 | 1/16 3/27 9/5 8/4 /33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ш. ; | Yourself and the Job You Want                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | A. Kinds of jobs B. Information on a job that interest me C. Obituary D. Discussion                                           | 1/23 /3 /2 21/30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| IV.  | Where to fina a job                                                                                                           | 123 3 12 . 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|      | A. Looking for a job B. Discussion                                                                                            | 1/30 4/0 6/9 8/2 1/6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ٧.   | The newspaper                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3    | What to look for and how to read the want-ads with<br>Newspaper in hand                                                       | 76 4/1 /26 9/4 1/3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| /I.  | Prepare for an interview                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | A. Calling for an interview B. Employer Contact Sheet C. Vocabulary D. Personal Data Sheet - to be completed for next session | 2/3 4/24 3 9/1 1/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| II.  | The Application                                                                                                               | and the same of th |
|      | Application for Employment                                                                                                    | 3/20/1/0/18/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 111. | The Interview                                                                                                                 | 70 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|      | A. Checlist B. Dos and Don'ts C. Mock Interviews using:                                                                       | 1/27 8 1,7 25-14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|      | <ol> <li>Questions often asked by employers</li> <li>Response Guide to Questions</li> </ol>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

D. Client is to have five questions about anything that has

been covered

IX. Review

Х.

Discuss clients questions

The job I want В.

Looking for a job

Calling for an interview

E. The interview

Field trip to Texas Employment Commission