Mercy Institute Career & Entrepreneur Assessment

PARTICIPANT INFORMATION

Full Name: _____

Email Address: _____

Phone Number: _____

Preferred method of contact:
☐ Email
☐ Phone
☐ Text

Current Employment Status:

☐ Employed Full-Time
☐ Employed Part-Time
☐ Self-Employed
☐ Unemployed
☐ Seeking First Job
☐ Student
☐ Other: _____

Current Job Title/Occupation: _____

Years of Work Experience:
☐ None
☐ Less than 1 year
☐ 1–3 years
☐ 4–7 years
☐ 8–10 years
☐ More than 10 years

SECTION 1 — SKILLS & STRENGTHS

1. Which skills do you believe are your strongest?

Select all that apply.

☐ Communication
☐ Leadership
☐ Organization
☐ Customer Service
☐ Teamwork
☐ Problem Solving
☐ Time Management
☐ Technology/Computer Skills
☐ Writing
☐ Public Speaking
☐ Sales
☐ Financial/Budgeting Skills
☐ Project Management
☐ Teaching/Training
☐ Administrative Skills
☐ Creative Skills
☐ Networking
☐ Conflict Resolution
☐ Other: _____

2. What are three of your greatest strengths?

1. _____

2. _____

3. _____

3. How confident are you in your current professional skills?

☐ Very Confident
☐ Confident
☐ Somewhat Confident
☐ Not Very Confident
☐ I am unsure of my strengths

4. What skills would you like to develop or strengthen?

SECTION 2 — CAREER INTERESTS

5. What career areas interest you?

☐ Administration
☐ Education
☐ Healthcare
☐ Human Services
☐ Government/Public Service
☐ Finance/Accounting
☐ Technology
☐ Communications/Marketing
☐ Human Resources
☐ Nonprofit Organizations
☐ Social Services
☐ Legal Services
☐ Retail
☐ Hospitality
☐ Construction/Skilled Trades
☐ Transportation
☐ Real Estate
☐ Management
☐ Entrepreneurship
☐ Other: _____

6. What type of work environment do you prefer?

☐ Office
☐ Remote
☐ Hybrid
☐ School/Educational Setting
☐ Healthcare Setting
☐ Community Setting
☐ Government Agency
☐ Nonprofit Organization

☐ Corporate Environment
☐ Field-Based
☐ I am open to different environments

7. What is most important to you when choosing a career?

Rank your top five from 1–5.

___ Salary
___ Job Security
___ Benefits
___ Career Advancement
___ Flexible Schedule
___ Work-Life Balance
___ Meaningful Work
___ Helping Others
___ Leadership Opportunities
___ Creativity
___ Location
___ Remote Work
___ Professional Recognition

SECTION 3 — EDUCATIONAL BACKGROUND

8. What is the highest level of education you have completed?

☐ High School/GED
☐ Some College
☐ Associate Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctoral Degree
☐ Professional Certification
☐ Trade/Vocational Training

Field of Study: _____

School/Institution: _____

9. Do you currently hold any professional licenses or certifications?

☐ Yes
☐ No

If yes, please list them:

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10. Are there additional credentials you would like to obtain?

SECTION 4 — PROFESSIONAL EXPERIENCE

11. Please list your most recent position.

Employer: _____

Position: _____

Years/Length of Employment: _____

Primary Responsibilities:

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12. What professional accomplishments are you most proud of?

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13. Have you supervised or managed others?

☐ Yes
☐ No

If yes, approximately how many people?

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14. Have you participated in professional development or workforce training?

☐ Yes
☐ No

If yes, please describe:

SECTION 5 — CAREER GOALS

15. What is your primary career goal?

☐ Obtain my first job
☐ Find a new job
☐ Change careers
☐ Advance in my current career
☐ Obtain a promotion
☐ Increase my income
☐ Obtain professional certification
☐ Return to the workforce
☐ Develop leadership skills
☐ Start a business
☐ Grow an existing business
☐ Other: _____

16. Where would you like to be professionally in the next 1–3 years?

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17. What is your ideal position or career?

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18. What salary range are you seeking?

☐ Under $35,000
☐ $35,000–$49,999
☐ $50,000–$64,999
☐ $65,000–$79,999
☐ $80,000–$99,999

☐ $100,000+
☐ Not sure

SECTION 6 — TRAINING & DEVELOPMENT NEEDS

19. Which areas would you like additional training?

☐ Computer/Technology Skills
☐ Microsoft Office
☐ Communication
☐ Leadership
☐ Management
☐ Customer Service
☐ Financial Literacy
☐ Resume Writing
☐ Interviewing
☐ Public Speaking
☐ Project Management
☐ Digital Marketing
☐ Social Media
☐ Grant Writing
☐ Professional Networking
☐ Industry-Specific Training
☐ Certification/Licensure
☐ Entrepreneurship
☐ Other: _____

20. What type of training format works best for you?

☐ In-Person
☐ Online
☐ Hybrid
☐ Individual Coaching
☐ Group Workshops
☐ Self-Paced

SECTION 7 — ENTREPRENEURIAL INTERESTS

21. Are you interested in entrepreneurship?

☐ Yes — I currently own a business
☐ Yes — I have a business idea
☐ Yes — I would like to explore entrepreneurship
☐ Maybe — I am unsure
☐ No — I am primarily interested in employment

22. What type of business are you interested in starting or growing?

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23. What stage is your business currently in?

☐ Idea Stage
☐ Planning Stage
☐ Startup
☐ Operating Less Than 1 Year
☐ Operating 1–3 Years
☐ Operating More Than 3 Years
☐ Not Applicable

24. What entrepreneurial support would be most valuable to you?

☐ Developing a Business Idea
☐ Business Plan
☐ Market Research
☐ Business Registration
☐ LLC Information
☐ Nonprofit Organization Development
☐ Branding
☐ Marketing
☐ Social Media
☐ Financial Management
☐ Grant/Funding Resources
☐ Business Networking
☐ Mentorship
☐ Entrepreneur Coaching
☐ Other: _____

SECTION 8 — EMPLOYMENT BARRIERS

25. Are there circumstances that may make it difficult for you to obtain or maintain employment?

Select all that apply.

☐ Lack of Transportation
☐ Childcare Responsibilities
☐ Limited Work Experience
☐ Lack of Required Skills
☐ Lack of Certification/Credentials
☐ Limited Computer Skills
☐ Schedule Limitations
☐ Need for Flexible Work
☐ Lack of Professional Network
☐ Limited Access to Technology
☐ Returning to Work After an Extended Break
☐ Career Change
☐ Language/Communication Support
☐ Other: _____

☐ I do not currently experience significant employment barriers.

26. What type of support would help you overcome these barriers?

_____

_____

_____

SECTION 9 — PROFESSIONAL DEVELOPMENT NEEDS

27. Which professional development areas are most important to you?

☐ Leadership Development
☐ Career Advancement
☐ Networking
☐ Professional Communication
☐ Workplace Confidence
☐ Executive Presence

☐ Personal Branding
☐ Public Speaking
☐ Financial Literacy
☐ Work-Life Balance
☐ Mentoring
☐ Career Coaching
☐ Professional Association Membership
☐ Other: _____

28. Would you be interested in being matched with a mentor or career coach?

☐ Yes
☐ No
☐ Maybe

29. What would you most like a career coach or mentor to help you accomplish?

SECTION 10 — OPPORTUNITY CONNECTION

30. What opportunities are you currently seeking?

☐ Full-Time Employment
☐ Part-Time Employment
☐ Remote Employment
☐ Hybrid Employment
☐ Internship
☐ Apprenticeship
☐ Professional Training
☐ Certification Program
☐ Mentorship
☐ Career Advancement
☐ Entrepreneurship
☐ Business Funding
☐ Networking
☐ Other: _____

31. What type of employer or organization would you like to work with?

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32. Are you willing to be referred to employment, training, educational, mentoring, or entrepreneurial opportunities?

☐ Yes
☐ No
☐ I would like to discuss opportunities first

SECTION 11 — YOUR CAREER VISION

33. Complete the following statement:

"My definition of career success is..."

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34. What is the biggest career or professional challenge you would like Mercy Institute to help you address?

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35. What is one opportunity you wish you had access to right now?

PARTICIPANT READINESS

Please indicate where you currently see yourself:

Area	Beginning	Developing	Ready
Career Planning	☐	☐	☐
Job Search	☐	☐	☐
Resume	☐	☐	☐
Interviewing	☐	☐	☐

Area	Beginning	Developing	Ready
Professional Networking	☐	☐	☐
Career Advancement	☐	☐	☐
Entrepreneurship	☐	☐	☐
Business Development	☐	☐	☐
Leadership	☐	☐	☐

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Participant Pathway Recommendation

Based on the assessment, participant may benefit from:

☐ **Career Development Track**

☐ **Workforce Connection Track**

☐ **Entrepreneur Coaching Track**

☐ **Career + Entrepreneurship Track**

☐ **Professional Development Track**

☐ **Training/Credential Referral**

☐ **Employer Referral**

☐ **Mentorship**

☐ **Additional Assessment/Coaching**

Initial Action Plan

Primary Goal:

Recommended Service:

Referral/Connection:

Training Recommendation:

Coach/Advisor:

Follow-Up Date: _____