

## College and Career Competency Inventory (CCCI)

Name: Emily Johnson					
Date: 2/28/18					
Advisor: Trainee					
For Office Use Only					
RECOMMENDATION:					

## **College and Career Competency Inventory (CCCI)**

Please complete the following inventory. The information you present can help us become more knowledgeable about your individual experience and skills. With this information, it will be possible to determine the most effective way to verify your skills for fulfillment of the individualized College and Career Competency requirement.

Some of the information required may not apply to you. **Complete only those sections that specifically relate to your individual circumstances.** All information will be kept confidential.

1.

Employment/Workforce Training Skills
Are you presently employed? [Yes [] No (If no, please skip to Section B)
Company name: JB Williams Onc.  Address: JUD Eastern Play, Capital City  Supervisor's name <sup>1</sup> : Ralph Bland  Briefly describe your duties and responsibilities using descriptions from 0*NET where applicable.  Thank all correspondence, type + coupil reports, and answer the phone. Das everything Mr. Beard need
How long have you held this job? From: 8100 To Present  How many hours per week do you work? 3112  How many months per year do you work? 12  Prior to this job, did you hold any other jobs with this employer? [] Yes [INo (If no, please skip to Section B)
Supervisor's name¹:
Briefly describe your duties and responsibilities using descriptions from O*NET where applicable.
How long have you held this job? From: To:
How many hours per week do you work?
How many months per year do you work?

<sup>&</sup>lt;sup>1</sup> There will be no contact or communication with any current or previous supervisors without the express knowledge and consent from you the candidate.

В.	Please list any job(s) with previous employers <sup>2</sup> and when you have held them.				
	Job title: leceptionst				
	Employer: (In versety Dan associates)				
	Dates worked From: 71/106 To: 7125108				
	Job title:				
	Employer:				
	Dates worked From: To:				
	Job title:				
	Employer:				
	Dates worked         From:          To:				
C.	Have you had any job training? [ ] Yes [X] No (If no, please skip to Section D)				
	What was it?				
	Where were you trained?				
	How long was the training? When were you trained?				
	Did you receive a certificate upon completion? [ ] Yes [ ] No				
D.	Do you hold any current workforce skills license(s) or certificate(s)? [ ] Yes $[X]$ No (If no,				
٠.	please skip to Section E)				
	What license(s) or certificate(s)?				
	By whom was it issued? (i.e., New York State)				
	When was it issued? When does it expire?				
Ε.	Do you give, or have you given, time to volunteer activities? [ ] Yes [X] No (If no, please skip to Section F)				
	Position:				
	Organization name:				
	Address:				
	Contact name <sup>3</sup> :				
	Briefly describe your duties and responsibilities.				

<sup>&</sup>lt;sup>2</sup> There will be no contact or communication with any current or previous supervisors without the express knowledge and consent from you the candidate.

<sup>&</sup>lt;sup>3</sup> There will be no contact or communication with any current or previous agency contacts without the express knowledge and consent from you the candidate.

	How long have you held this volunteer position? From: To:				
	How many hours per week do you volunteer?				
	How many months per year do you volunteer?				
F.	Military Service				
	Have you served in the military? [ Yes [ ] No (If no, please skip to Section G)				
	In which branch did you serve? (I'my Resource)				
	Did you have any special training while in the military? [Ves [] No				
	If yes, please describe:				
	Word processing, database				
	accept the desired to the second				
	Please describe your general duties while in military service:				
	Date entry, record keeping for platoon				
c	Solf amployed				
G.	Self-employed				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized				
G.					
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)  Company name:				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)  Company name:  Address:				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)  Company name:				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)  Company name:  Address:				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)  Company name:  Address:				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)  Company name:  Address:				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)  Company name:  Address:  Briefly describe your business including products and services.				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)  Company name:				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)  Company name:				
G.	Do you currently own your own business? [ ] Yes [X] No (If no, please skip to Specialized Skill)  Company name:				

	If yes, please describe:					
3.	Have you used your special skills or talents for income or have you displayed or performed your talents for others outside of the home and beyond family and friends? [ ] Yes [ ] No					
	If yes, please describe:    O've wever tried pelling Them - O'just make Them as any following or have, or have you had, any hobbies? [] Yes [] No  If yes, what are they?    Training and Education Plans   Do you plan to enter any job skills training after earning your high school diploma? [Yes [] No  If yes, what type of job skills training will you seek?					
						Do you know where you plan to enroll? [ ] Yes [ \ No   No
						Do you plan to attend college after earning your high school diploma? [Yes [] No Have you taken any college courses? [] Yes [] No If yes, where and when?
		Did you complete the courses required to earn a certificate or degree? [ ] Yes [ ] No  If yes, when was it issued? If applicable, when does the certificate expire?				

2. Specialized Skill

Please indicate with an 'X' your responsibilities in your home and for the people with whom you live in regards to the following:

Management Task or Decision	Responsible	Not Responsible
Identifying educational alternatives for children such as childcare, preschool, and K-12 options	X	
Purchase, selection, and use of home appliances including the use of warranties, cost-quality trade-offs, selecting a reliable dealer, evaluation of the features offered, credit terms, contracts, and use and care of the product		rusband
Contract maintenance for utilities, cell phones, and the Internet	Xwlu	spand
Develop a plan for retirement including income, housing, insurance needs and options, and recognizing and planning for healthy lifestyles in retirement		X
Researching the benefits of legal documents such as wills, trusts, Power of Attorney, and Health Care Directives		X
Development of wills, trusts, estate planning, and elder care issues and resources		X
Household budget planning including the selection, purchase, and monitoring of health care plan(s); selection, purchase and monitoring of insurance plan(s); and planning for retirement	•	ustand
Home mortgage, including identification of home loan products	X w/hu	sband
Overseeing consumer advocacy issues for the family (such as implementing strategies to avoid identify theft		X