

College and Career Competency Inventory (CCCI)

| Name: Walter Baker | | | | |
|---------------------|--|--|--|--|
| Date: 2/26/18 | | | | |
| Advisor: Trance | | | | |
| 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.

| | ployment/Workforce Training Skills | | | | | |
|----|---|--|--|--|--|--|
| re | you presently employed? [] Yes [X] No (If no, please skip to Section B) | | | | | |
| | Job title: | | | | | |
| | Company name: | | | | | |
| | Address: | | | | | |
| | Supervisor's name ¹ : | | | | | |
| | $ Briefly\ describe\ your\ duties\ and\ responsibilities\ using\ descriptions\ from\ O*NET\ where\ applicable $ | | | | | |
| | <u> </u> | | | | | |
| | | | | | | |
| | 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? | | | | | |
| | Prior to this job, did you hold any other jobs with this employer? [] Yes [] No (If no, please skip to Section B) | | | | | |
| | Supervisor's name ¹ : | | | | | |
| | 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? | | | | | |

¹ There will be no contact or communication with any current or previous supervisors without the express knowledge and consent from you the candidate.

| В. | | | | | | |
|----|--|--|--|--|--|--|
| | Job title: <u>Fection</u> | | | | | |
| | Employer: 106100 CROTTC | | | | | |
| | Dates worked From: 6/1988 To: 10/2007 - retire | | | | | |
| | Job title: | | | | | |
| | Employer: | | | | | |
| | Dates worked From: To: | | | | | |
| | Job title: | | | | | |
| | Employer: | | | | | |
| | Dates worked From: | | | | | |
| c. | Have you had any job training? [XYes [] No (If no, please skip to Section D) | | | | | |
| | What was it? <u>electrician</u> | | | | | |
| | Where were you trained? Vorteh | | | | | |
| | How long was the training? 2 years When were you trained? 1994 | | | | | |
| | Did you receive a certificate upon completion? X Yes [] No | | | | | |
| D. | Do you hold any current workforce skills license(s) or certificate(s)? [] Yes [] No (If no, 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 [] No (If no, please skip to Section F) | | | | | |
| | Position: | | | | | |
| | Organization name: | | | | | |
| | Address: | | | | | |
| | Contact name ³ : | | | | | |
| | Briefly describe your duties and responsibilities. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

² There will be no contact or communication with any current or previous supervisors without the express knowledge and consent from you the candidate.

³ 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: | | | | | |
|----|--|--|--|--|--|--|
| F. | Military Service Have you served in the military? [] Yes [] No (If no, please skip to Section G) In which branch did you serve? Did you have any special training while in the military? [] Yes [] No If yes, please describe: | | | | | |
| | Please describe your general duties while in military service: | | | | | |
| G. | Self-employed Do you currently own your own business? [] Yes [\(\sqrt{No} \) (If no, please skip to Specialized Skill) | | | | | |
| | Company name: Address: Briefly describe your business including products and services. | | | | | |
| | How long have you owned this company? From: To: Briefly describe how you market your business, including such strategies as website, advertisements, business cards, and social media accounts. | | | | | |
| | Briefly describe how you document that income was realized for the business, such as examples of contracts, receipts for services, or tax forms. | | | | | |

| 2. | Specialized Skill | | | | | | |
|------------|---|--|--|--|--|--|--|
| | Do you have any special skills or talents (e.g., art, music) that are different from those needed to perform your job or home responsibilities? [] Yes [] No | | | | | | |
| | If yes, please describe: Lin pretty handly - meghanical shells, do all regains on my court may childrens. | | | | | | |
| | 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? | | | | | | |
| | If yes, please describe: | | | | | | |
| | Do you have, or have you had, any hobbies? [X] Yes [] No | | | | | | |
| 3. | Sports - boxing + botball | | | | | | |
| | Training and Education Plans | | | | | | |
| | Do you plan to enter any job skills training after earning your high school diploma? [] Yes [\(\int \) No If yes, what type of job skills training will you seek? | | | | | | |
| | Do you know where you plan to enroll? [] Yes [] No If so, where? | | | | | | |
| | 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? | | | | | | |
| 1 . | Personal and Management Skills | | | | | | |
| | How many years have you had experience with or been responsible for the management of a household? years | | | | | | |

3.

4.

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 | X . | |
| Contract maintenance for utilities, cell phones, and the Internet | X | |
| 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 | \times | |
| 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 | X | |
| Home mortgage, including identification of home loan products | X | |
| Overseeing consumer advocacy issues for the family (such as implementing strategies to avoid identify theft | X | |