**Job Match Analysis Form**

**(Milestone 1)**

Consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LRS Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee (consumer) Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Wages / earnings: \_\_\_\_\_\_\_\_\_\_\_\_per\_\_\_\_\_\_\_

Is there a written job description for this position? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy.

**Employment Benefits:**  Are benefits available? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If so, check all that apply:

Leave: vacation / annual: \_\_\_\_\_\_, sick: \_\_\_\_\_\_, family medical:\_\_\_\_\_\_educational: \_\_\_\_\_\_

Insurance: health \_\_\_\_\_\_, dental \_\_\_\_\_\_, vision \_\_\_\_\_, life \_\_\_\_\_\_

401K / Retirement: \_\_\_\_\_\_, Funeral leave: \_\_\_\_\_\_, paid holidays:\_\_\_\_\_\_\_, other:\_\_\_\_\_\_\_\_\_

Is there a waiting period to obtain benefits? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If so, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Schedule:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hours | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| From |  |  |  |  |  |  |  |
| To |  |  |  |  |  |  |  |

**Brief Job Summary:**

**Essential Work Duties**: identify the daily and essential work tasks to be performed

**Episodic Work Duties:** identify duties that are performed on a periodic or occasional basis

**Employer’s Concern / Need for Quality:**

**Employer’s Concern / Need for Productivity:**

**Skills Required by the Employer:**

**Personality Traits Required by Employer:**

**Qualifications Required by Employer:** work history, experience, education

**Work Site Considerations:** What are the physical demands of the job?

|  |  |  |
| --- | --- | --- |
| Standing | Yes / No | Details |
| Walking | Yes / No | Details |
| Sitting | Yes / No | Details |
| Lifting | Yes / No | Details |
| Carrying | Yes / No | Details |
| Pushing | Yes / No | Details |
| Climbing | Yes / No | Details |
| Balancing | Yes / No | Details |
| Bending | Yes / No | Details |
| Kneeling | Yes / No | Details |
| Manual Handling | Yes / No | Details |
| Fine Motor | Yes / No | Details |
| Gross Motor | Yes / No | Details |
| Visual | Yes / No | Details |
| Hearing | Yes / No | Details |
| Other | Yes / No | Details |

**Accommodations Needed:** Identify the potential accommodations that might be needed to assist the consumer to safely complete the physical demands and enable the employee to perform the essential functions of the job.

**Environmental Demand:** Address all that apply.

|  |  |
| --- | --- |
| Indoors |  |
| Outdoors |  |
| Dust |  |
| Fumes |  |
| Hazards |  |
| Bio-hazards |  |
| Heat |  |
| Cold |  |
| Noise Levels |  |
| Other |  |
| Other |  |
| Other |  |

**Accommodations Needed:** Identify the potential accommodations that might be for the environmental demands that would enable the consumer/ employee to perform the essential functions of the job.

**Work Culture:**

**General Pace of Work:**

**Overall levels of stress:**

**Level of teamwork expected:**

**Informal Support provided by co-workers:**

**Dress Code:**

**Interactions between Employees:**

**Employee gathering places and times:**

**Well-known yet unwritten rules:**

**Special terms or phrases used:**

**Special events or celebrations:**

**Training Considerations:**

Is there orientation training for new employees? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, describe how long the training is and topics covered:

How are new employees provided with job specific training? How would this employee be trained?

Are there any accommodations that may need to be made for either the orientation or the job specific training? (i.e., Translating written materials into Braille, adapting tests or written materials for cognitive disabilities, systematic training)

Vendor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Consumer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_