

Employment Plan



Participant Name: _____

Date: _____

Current Employment: Not Employed Employer: _____

Full-time Part-time: Hours/wk _____ Wage: _____

Benefits: _____

Employment Goal: _____

Employment History: _____

Education: _____

Skills: Soft-Skills: _____

Hard Skills: _____

Barriers to Employment: _____

Barriers to Referrals: _____

Employment Counseling:

Applications (in past wk): _____

Apps followed up on (in person/calls/emails): _____

Interview clothes: _____

References (3 non-family): _____

Resume: _____

Transportation: _____

Training needs: _____

Referrals: IWD/Emp Center Staffing Agencies (Manpower, Team Staffing, QPS, etc)

SCC/Education: _____ Factories: _____

Restaurant/Retail/Service: _____

Current Local Openings: _____

Financial Training: Yes, done No, Scheduled date: _____ Declined

Food Budgeting: Yes, done No, Scheduled date: _____ Declined

Changes in Employment Status:

Obtained employment: Full-time Part-time: Hours/wk _____

Employer: _____ Wage: _____

Improved Employment: Better Job More Hours Increased Benefits

Details: _____

Specialist: _____

Date: _____