

Minnesota Job Partners

DISLOCATED WORKER PROGRAM

INDIVIDUAL EMPLOYMENT PLAN

Note: the following pages (13-14) provide information to your future career counselor about any career ideas and training programs you are interested in, and do not affect your enrollment. If there are any questions below that you are unsure of, or don't currently have answers for, you may leave them blank.

NAME: _____ **DATE:** _____

Job Search Goal:

- ☐ Full-Time employment in current occupation **Specify:** _____
- ☐ Full-Time employment in new career field **Specify:** _____
- ☐ Other (Explain): _____

Please fill out last 3 jobs held (or last 10 years of work history):

- a) Employer Name and Address: _____
Start Date: _____ End Date: _____ Reason for Separation: _____
- b) Employer Name and Address: _____
Start Date: _____ End Date: _____ Reason for Separation: _____
- c) Employer Name and Address: _____
Start Date: _____ End Date: _____ Reason for Separation: _____

Describe the primary skills you've developed during the above work history:

Please rate your skills for the following computer applications and tools:

0 = HAVE NOT USED

1 = FAIR

2 = GOOD

3 = EXCELLENT

Online Applications: _____ LinkedIn (Or Similar): _____ Microsoft Word: _____
Microsoft Excel: _____ PowerPoint: _____ Access: _____
Minnesota Works: _____ O*NET: _____ Other: _____ (Specify): _____

Do you have any special concerns with regard to your job search? (Check all that apply)

- ☐ Age/Health ☐ Physical Limitations ☐ Mental Health Concerns ☐ Offender Status
- ☐ Mass Layoff ☐ Declining Industry ☐ Basic Skills ☐ Computer Skills
- ☐ Other: _____

(If part of a layoff) Were you given a severance package? ☐ YES ☐ NO

If yes, please provide the start date and end date of your severance:

Do you have a complete and current resume? ☐ YES ☐ NO

If no, please explain: _____

INDIVIDUAL EMPLOYMENT PLAN - TRAINING

Does your occupational goal require an upgrade of your current skills? ☐ YES ☐ NO

(Examples include; computer, math, reading, communication, customer service)

If yes, please provide a brief explanation including specific training required:

Does your occupational goal require a specific certification or license (new or renewal)? ☐ YES ☐ NO

(Examples include; Nursing Assistant, Class A/B License, PMP, SHRM, CCNA, Network+, Series 6 or 7, Six Sigma)

If yes, please provide a brief explanation including specific training required:

Does your occupational goal require a specific credential? ☐ YES ☐ NO

(Examples include GED, DIPLOMA, AA, AAS, BA, BS)

If yes, please provide a brief explanation including specific training required:

Does your occupational goal require training in a new career field? ☐ YES ☐ NO

If yes, please answer the following questions:

Have you researched the current job outlook for this occupation? ☐ YES ☐ NO

Have you researched wage information? ☐ YES ☐ NO

Are you considering self-employment/starting your own business? ☐ YES ☐ NO

If yes, please provide a brief explanation including a business plan & training (if any) required:

If you answered "yes" to any of the training or credential questions:

**YOU WILL NEED PRE-APPROVAL
BEFORE ANY PURCHASE RELATED
TO TRAINING.**

Have you identified a specific training and/or training provider? ☐ YES ☐ NO

Training Institution: _____ Address: _____

Training Program: _____ Credential Type: _____ Student Email: _____

Training Hours: Full-time ☐ or Part-time ☐ Location: Classroom ☐ or Online ☐ or Both Classroom and Online ☐

Start Date of Training (mm/dd/yy): _____ End Date of Training (mm/dd/yy): _____

Total Training Weeks (should **not** include scheduled breaks between terms.): _____ Student ID: _____

Program Credits: _____ Credits to Complete: _____ Cost Per Credit: _____

Provide estimated costs for the following. Additional documentation may be required later.

Books: _____ Computer: _____ Software: _____ Uniform/Clothing: _____ Parking Pass: _____

Tools: _____ Exams/Licenses: _____ Good Faith Estimate (Cost of tuition + Cost of Additional Items): _____

Applicant Signature & Date

Signature

Date