

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:

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

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

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