Use the Action Plan on the reverse side to outline needs/tasks and responsibilities towards obtaining occupational goal.

Employment Goal/ Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am qualified for this job/occupation because I have the following: (mini profile)

|  |  |  |  |
| --- | --- | --- | --- |
| Education & Experience | Skills | Personality Adjectives | Personal Interests |
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List 2 forms of identification needed for I-9 form (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Employment Preferences:
	1. Benefits: [ ]  Health [ ]  sick time [ ]  401k [ ]  Vacation [ ]  other
	2. Wage($amount):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Transportation: [ ]  RIPTA [ ]  RIDE [ ]  provide own [ ]  staff [ ]  other
	4. Work Schedule:\_\_\_\_\_\_hours per week; Days per week [ ]  Su [ ]  M [ ]  T [ ]  W [ ]  Th [ ]  F [ ]  Sa; shift [ ]  1st [ ]  2nd [ ]  3rd
	5. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I would like the following Job Development Advocacy:
	1. I will do an independent job search: [ ]  yes [ ]  no
	2. Use Employer Incentives: [ ]  yes [ ]  no
		1. Work Opportunity Tax Credit \_\_\_\_\_\_\_\_\_
		2. On the Job Training funding [ ]  from ORS [ ]  or From DLT [ ]
		3. Federal Bonding Program Other:
	3. I request the support of a job developer to work with my team: Job Developer Name:
		1. Resume assistance [ ]  Traditional or [ ]  Representational Portfolio
		2. Engage my network and Provide me job leads [ ]
		3. Contact employers on my behalf [ ]  organize interview appointment [ ]
		4. Preparation on how to disclose my disability and accommodation needs [ ]
		5. Attend interviews with me [ ]
		6. Obtain feedback from interview [ ]
		7. Assistance negotiating job offer [ ]
3. I agree to use the following resources:
	1. netWORKri [ ]  general [ ]  workshops –Resume Development [ ]  Interviewing [ ]
	2. Agency Job Club [ ]  Other Agency job search support: [ ]  List:
	3. Job search planning meeting [ ]  Frequency \_\_\_\_\_\_
	4. Other:
4. I may need the following accommodations in the job search and hiring process: Job Accommodation Network [www.jan.wvu.edu](http://www.jan.wvu.edu)
	1. Application:
	2. Interview:
	3. On the Job-Accommodation:
	4. Other:
5. I may need the following job retention supports:
	1. Assistance arranging transportation \_\_\_\_\_\_\_
	2. On-site to assist with orientation and training: \_\_\_\_\_\_\_
	3. Assistance with implementing job accommodations \_\_\_\_\_\_\_
	4. Development of mentor/natural support of co-worker \_\_\_\_\_\_\_
	5. Off-site support [ ]  Frequency \_\_\_\_\_\_\_\_\_\_
	6. Follow-up contact with my employer \_\_\_\_\_\_\_\_\_\_
6. Financial management:
	1. I would like to meet with a Work Incentives Benefits Counselor to review how earnings will affect SSI/SSDI and other benefits (food stamps, housing, heating assistance, cost of care, health insurance, etc. [ ]
	2. I will need assistance with managing my money (cash assistance and earned income) [ ]
	3. I will contact SSA to report earnings [ ]  on own [ ]  request assistance
7. Other:
8. I have signed a Release of Information Form addressing above needs [ ]

Employment Goal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (occupation/job title or list task priorities)

Plan Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Plan should be reviewed and updated every 30 days)** Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Person Responsible** | **Task** | **Due Date/completed**  |
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Job Candidates Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_