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)

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| --- | --- | --- | --- |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_